

**NOTE: Applicant must report to the Township Police Department to be fingerprinted**

**TOWNSHIP OF CEDAR GROVE  
ESSEX COUNTY, NEW JERSEY**

Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Fee \_\_\_\_\_

**APPLICATION FOR TAXICAB/LIMOUSINE DRIVER'S PERMIT**

All Taxicab Driver's Permits shall take effect on the first day of January each year and terminate on the thirty-first day of December next succeeding year.

A Taxicab Driver's Permit is only valid while applicant is employed by company employed by at the time application is submitted.

The following license fee shall be paid: \$10.00.

Date: \_\_\_\_\_

1. Name \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Address \_\_\_\_\_

3. Do you possess a current validated New Jersey automobile driver's license? \_\_\_\_\_

4. Has your driving privilege ever been revoked or suspended in this state or any other? \_\_\_\_\_

If yes, give details \_\_\_\_\_

5. Have you ever been convicted of driving an automobile resulting in the death of any person? \_\_\_\_\_

If yes, give details \_\_\_\_\_

6. Have you ever been convicted of driving a motor vehicle while under the influence of intoxicating liquors? \_\_\_\_\_. If yes, give details \_\_\_\_\_

7. List any moving traffic violations that you have been convicted of in the past five (5) years:

\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever been convicted of a crime? \_\_\_\_\_. If yes, give details \_\_\_\_\_

9. Give name and address of present employer \_\_\_\_\_

\_\_\_\_\_

I herewith submit two (2) photographs (2 ½ x 2 ½ ) of myself and a certificate from the Township Physician certifying that I have been examined within the preceding thirty (30) days and that I have no infirmity of body and mind which might render me unfit for the safe operation of a taxicab.

I understand that if any false or incorrect statement is made in this application, it may be considered cause for revocation of my permit.

Signed \_\_\_\_\_