

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

License No. _____

Date Issued _____

Fee _____

APPLICATION FOR TAXICAB/LIMOUSINE LICENSE

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

A Taxicab Owner's License does not entitle owner to drive a taxicab without also obtaining a Taxicab's Driver's License.

One application for each cab must be filled out in duplicate.

The following license fee shall be paid: \$25.00 per taxicab

Date: _____

Name _____

Phone No. _____

Address _____, the undersigned, hereby applies to the Township Clerk for a license to operate a taxicab as described below within the Township of Cedar Grove.

If individual, the following questions must be answered:

Are you a citizen of the United States? _____

What is your date of birth? _____

If co-partnership, the following questions must be answered:

Give firm name _____

Main address _____

Other addresses _____

Give names, addresses and dates of birth of partners:

If corporation, the following questions must be answered:

Name of corporation _____

Main address _____

Other addresses _____

In what State incorporated? _____

1. Has applicant, co-partners or corporation members ever been arrested or convicted of a crime? so, give particulars:

2.(a) Has applicant, co-partners or corporation members ever had their New Jersey Driver's License revoked? If so, give particulars

(b) Is applicant the holder of a validated New Jersey Driver's License? _____

(c) Give Driver's License Number _____

3. Have you complied with the requirements of R.S. 48:16-3 to R.S. 48:16-6 as to Public Liability Property Damage Insurance as required by State Law? _____

4. How many vehicles do you desire to license? _____

5. Give address of central place of business within the Township _____

6. Give address where licensed vehicles are to be kept _____

7. List the minimum hours that taxicabs will be subject to call:

From _____ to _____

8.(a) Make of vehicle _____ Year _____

(b) Color of taxicabs _____

(c) Serial Number _____ Engine Number _____

9. Are you the owner or lessee of said vehicles? _____

10.(a) Have you ever been previously licensed to operate a taxicab? _____

(b) If yes, where and when? _____

11. Has any license to operate a taxicab ever been previously revoked or suspended? _____
If so, give particulars _____

If any false or incorrect statement is made in this application, it will be considered cause for revocation of the license of licenses.

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

_____, being duly sworn, deposes and says that _____
is the individual making the foregoing application for a Taxicab License, that the answers to the foregoing questions and other statements contained therein are true of _____ own knowledge and belief.

Sworn and subscribed before
me this _____ day of
_____, 200

Signature _____

Address _____

For _____

(Company)

Address _____

POLICE DEPARTMENT

Date _____

This is to certify that the Police Department has this day inspected the vehicles mentioned in the application owned by:

_____ of _____

State License Number _____

Does it meet the requirements of the ordinance? _____

General appearance _____

The qualifications of the applicant as a taxicab owner have been investigated and found to be in order. It is hereby recommended that a Taxicab License be issued.

Chief of Police

OFFICE OF THE TOWNSHIP CLERK

Date _____

Name of Applicant _____

Address _____

License Number issued _____

Fee of _____ paid for _____ Licenses.

Township Clerk