

PLEASE MAKE NOTE OF THE NEW FEE'S

NEW APPLICATION: _____ RENEWAL: _____

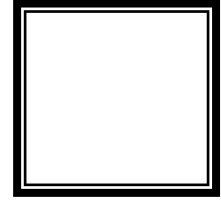
APPLICATION YEAR: 20__



The BOROUGH of HIGHLAND PARK

TAXI

DRIVER APPLICATION



Check Applicable Box:

A. I am seeking a license to operate a taxi owned by _____ taxi Company.

B. I am a private owner of a taxi seeking license to operate for _____ taxi Company. (See Vehicle Information Section)

Name: _____
(Last) (First) (Middle)

Address: _____
(# Street) (City) (State, Zip)

Where have you lived for the past five (5) years? (give address): _____

How long have you been a resident of Highland Park?: _____

Home telephone number: (area code): _____

Cellular Number (area code): _____

Facsimile number (area code): _____

E-Mail Address: _____

Date of Birth: _____ Age: _____ Gender: _____ Height: _____

Weight: _____ Race: _____ Eyes: _____ Hair: _____

Marital Status: _____

S.S.#: _____ DL# _____ State: _____

What is the number of your State Chauffeur's License?: _____ Year: _____

Citizen of the U.S.A.: Yes/No Where were you born: _____

If naturalization, show naturalization papers: _____
Date Number Location of Court

TAXI CAB EMPLOYMENT INFORMATION

Give the Name, Address, and Telephone Number of the Company that you will be operating or driving for:

Name: _____

Address: _____

Phone #: _____

VOUCHER FROM TAXICAB OWNER

This is to certify that _____, who resides at _____ will be employed by me as a taxicab operator.

Do you have a license to operate elsewhere?: _____

Place: _____ Full time or Part-time: _____

Signature of Owner: _____

GIVE NAMES AND ADDRESSES OF YOUR EMPLOYERS AND YOUR OCCUPATION, FOR THE LAST FIVE (5) YEARS:

<u>Dates of Employment</u>	<u>Employer</u>	<u>Address</u>	<u>Occupation</u>

CRIMINAL HISTORY / BACKGROUND:

Circle (YES) or (NO) to the following questions: (Please explain any **YES** answers for question #'s 2 through 9 only on the form supplied (Page 3). Include: Date and Place of each conviction; Nature of the offense; and Punishment or Penalty imposed.)

- | | | |
|---|-----|----|
| 1. Have you ever been convicted of a motor vehicle violation? | YES | NO |
| 2. Has your Driver's License ever been revoked? | YES | NO |
| 3. Have you ever been convicted of a crime or disorderly persons offense? | YES | NO |
| 4. Have you ever been arrested or summoned to Court on ANY charge? | YES | NO |
| 5. Have you ever been convicted of a violation of any Municipal Ordinance? | YES | NO |
| 6. Are you a habitual drunkard? | YES | NO |
| 7. Are you addicted to narcotics? | YES | NO |
| 8. Do you suffer from a physical defect or sickness? | YES | NO |
| 9. Have you ever been attended, treated or observed by a doctor of psychiatry for a mental or physical condition? | YES | NO |

VEHICLE INFORMATION

I AM A **PRIVATE** OWNER OF THE VEHICLE DESCRIBED BELOW THAT WILL BE OPERATED AS A TAXI FOR _____ TAXI COMPANY.

#1. DESCRIPTION OF TAXI CAB:

Year, Make and Model of Vehicle: _____

Description of Vehicle: _____
(Color, 4-door, tinted windows, etc.)

Serial Number (VIN): _____

License Plate #: _____

Seating Capacity: _____

#2. DESCRIPTION OF TAXI CAB:

Year, Make and Model of Vehicle: _____

Description of Vehicle: _____
(Color, 4-door, tinted windows, etc.)

Serial Number (VIN): _____

License Plate #: _____

Seating Capacity: _____

THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF THE VEHICLE(S) REGISTRATION, POWER OF ATTORNEY AND AN ORIGINAL CERTIFICATE OF INSURANCE FOR EACH TAXI.

Applicant's Signature

Date

Sworn and Subscribed before
me this _____ day of
_____, 20____.

Notary Public of NJ

_____, being duly sworn, deposes and says that he is the individual making the foregoing application for a taxicab operator's license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief and that he will report in writing to this office any change in address that may occur while this license remains in force.

Sworn before me this _____
Day of _____, 20_____

Signature

Signature of Notary Public of NJ

VOUCHER FROM CURRENT OR LAST EMPLOYER

How long was the applicant herein mentioned in your employ? _____
What were their duties? _____
What was the date of the termination of employment? _____
What was the reason for leaving your employ? _____
Would you recommend the applicant as a fit person to operate a public taxicab? _____
Date: _____

Signature

Address: _____

TWO VOUCHERS IN MATTER OF REPUTATION

NOTE: *The voucher of NO person will be accepted for more than one operator, not can person engaged in or associated with taxicab operating act as a voucher.*

VOUCHER NO. 1

Is the applicant related to you?: _____ Give particulars: _____
Has the applicant every been in your employ? _____
Would you employ him now, if opportunity offered? _____
Is the applicant, to your knowledge addicted to the use of intoxicating liquor? _____
Date: _____

Signature

Address: _____

VOUCHER NO. 2

Is the applicant related to you?: _____ Give particulars: _____
Has the applicant every been in your employ? _____
Would you employ him now, if opportunity offered? _____
Is the applicant, to your knowledge addicted to the use of intoxicating liquor? _____
Date: _____

Signature

Address: _____

FOR OFFICIAL USE OF BOROUGH OF HIGHLAND PARK OFFICIALS ONLY:

Date Application Filed: _____

POLICE RECOMMENDATION: Date: _____

Approved: _____ Denied: _____

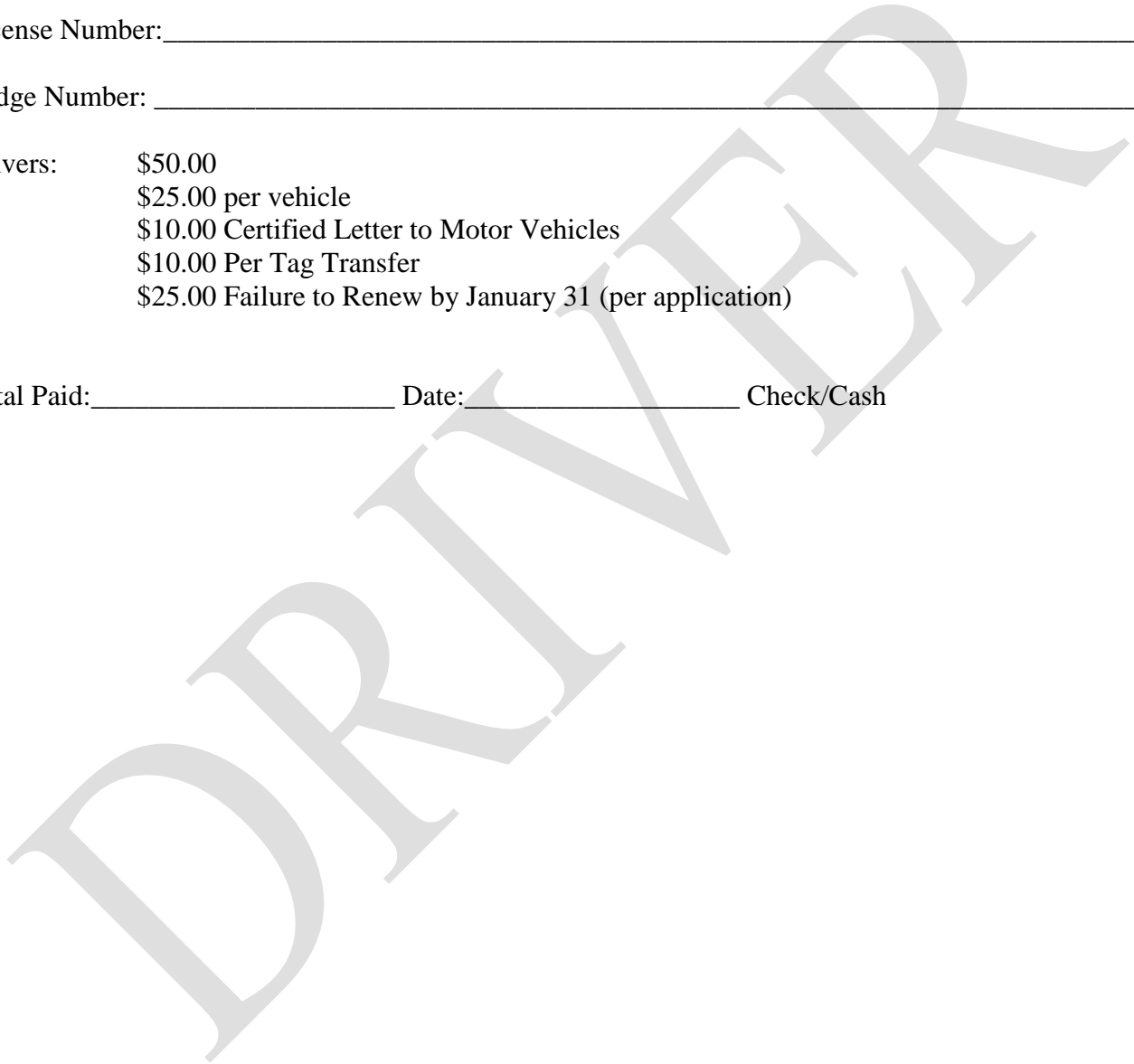
Chief of Police Signature: _____

License Number: _____

Badge Number: _____

- Drivers: \$50.00
 \$25.00 per vehicle
 \$10.00 Certified Letter to Motor Vehicles
 \$10.00 Per Tag Transfer
 \$25.00 Failure to Renew by January 31 (per application)

Total Paid: _____ Date: _____ Check/Cash





POWER OF ATTORNEY

I, _____, the undersigned affirm that, for the purpose of complying with the laws of New Jersey relating to the registration of vehicles in said State, hereby irrevocably appoint the Director, Division of Motor Vehicles, State of New Jersey, Department of Transportation, its true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy or bond filed with the Borough of Highland Park in conjunction with such registration in accordance with NJSA 48:1 et seq.

It is requested that a copy of any notice, process or pleading service hereunder be mailed to:

**BOROUGH OF HIGHLAND PARK
CLERK'S OFFICE
221 SOUTH 5TH AVENUE
HIGHLAND PARK, NEW JERSEY 08904**

Date

Signature – Title

Business Name

Business Address

City, State, Zip Code

NOTARY CERTIFICATE

State of New Jersey }
County of Middlesex }

Sworn and subscribed before me this _____
day of _____, 20__.

Notary Public