

PLEASE MAKE NOTE OF THE NEW FEE'S

NEW APPLICATION: _____ RENEWAL: _____

APPLICATION YEAR: 20____



BOROUGH OF HIGHLAND PARK

TAXI OWNER

OWNER APPLICATION



Name of Taxi Cab or Limousine Company: _____

Owner, Owners or Corporation, Name of Applicant: _____

Corporation/Partnership/Individual Permanent Address: _____

Block _____, Lot _____

Total Number of Vehicles Owned by the Company: _____

Telephone Number with area code: _____

Facsimile Number with area code: _____

E-Mail Address: _____

Are you a citizen of the United States? _____ Place of Birth: _____

If naturalized, when & where _____

	Date	Number	Location of Court
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Date of Birth: _____ Age: _____ Sex: _____

Complexion: _____ Height: _____ Weight: _____

Race: _____ Eyes: _____ Hair: _____ Blood Type: _____

S.S.#: _____ DL#: _____

.....

Number of Locations: _____

Address of Other Location (s): _____

Hours of Taxi/Limousine Operation: _____

If applicant is a corporation, give name and address of registered agent (if applicant is a partnership, give names and addresses of all partners: _____

Are all partner's citizens of the United States? _____

If naturalized, when & where _____
Date Number Location of Court

Social Security Number: _____

CRIMINAL HISTORY / BACKGROUND:

1. Have you ever been convicted of a crime? YES NO
2. Have you ever been convicted of any Municipal Ordinance? YES NO

(Please explain any YES answers on a separate sheet of paper to include the Date and Place of each conviction; Nature of the offense; and Punishment or Penalty imposed.)

DESCRIPTION OF TAXI CAB: (If more than one (1) vehicle is owned, give the following information on a separate sheet of paper for each and attach hereto.)

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 recommendations from at least two (2) reputable citizens of the Borough of Highland Park, a schedule of fees, a copy of the vehicle(s) registration, Power of Attorney and an ORIGINAL certificate of insurance for each taxi providing for not less than \$35,000 of motor vehicle liability coverage. In addition, the applicant shall affix three (3) three photographs of a minimum size of 1 ½ inches by 1 ½ inches.

The applicant's signature certifies that all statements made on this application are true and accurate to the best of his/her knowledge and understands that withholding information or making false statements will be basis for immediate rejection of this application. The applicant further authorizes the Highland Park Police to conduct an investigation into the applicant's prior activities (including but not limited to Motor Vehicle Records, Criminal History Records, and Court Documents) to confirm the accuracy of the applicant's answers and determine his/her responsibility, moral character and ability to operate a Taxi Company.

Furthermore, the applicant shall submit to fingerprinting by Highland Park Police Department for the purpose of furthering the applicant background investigation. The application will not be processed until such time the applicant submits to the taking of his/her fingerprints. Applicable fingerprinting fees will apply.

Should the fingerprints/background check yield information that would have constituted a rejection or denial of the applicant's permit or license, any license or permit issued by the Borough may be revoked at that time.

Applicant's Signature

Date

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

Notary Public of New Jersey

PARTNERSHIP APPLICANT'S AFFIDAVIT

STATE OF NEW JERSEY }
BOROUGH OF HIGHLAND PARK }
MIDDLESEX COUNTY }

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab license; that the answers to the foregoing questions and other statements contained herein are true of his/her knowledge and belief.

Sworn and subscribed to
before me at _____
this date _____

Print Name

Notary Public of New Jersey

Signature

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

VOUCHER NO. 1

VOUCHERS: Please exercise care in filling out the following:

Full Name and address: _____

How long have you know the applicant: _____

Is the applicant related to you: (If so, give particulars): _____

Has the applicant ever been in your employ (If so, give particulars): _____

Would you employ him/her now, of opportunity offered?: _____

Have you previously vouched for any other applicants for licenses?: _____

Any false statements made in this application will be considered cause for revocation of the license.

STATE OF NEW JERSEY

COUNTY OF MIDDLESEX



SS

I, _____, being duly sworn, so depose and say, that I am the owner of the premises know as _____, in the Borough of Highland Park and that I have known _____, the applicant for a licenses herein mentioned, for a period of not less than one year, that I have observed his/her conduct during that period and found him/her to be honest and of good character and not addicted to the use of intoxicating liquors; and that I know nothing to his prejudice and recommend him to the Chief of Police as a fit person to own and operate a public taxicab.

Sworn and subscribed to before me at _____ this date _____

Print Name

Notary Public of New Jersey

Signature

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

VOUCHER NO. 2

VOUCHERS:Please exercise care in filling out the following:

Full Name and address: _____

How long have you know the applicant: _____

Is the applicant related to you: (If so, give particulars): _____

Has the applicant ever been in your employ (If so, give particulars): _____

Would you employ him/her now, of opportunity offered?: _____

Have you previously vouched for any other applicants for licenses?: _____

Any false statements made in this application will be considered cause for revocation of the license.

STATE OF NEW JERSEY

COUNTY OF MIDDLESEX

} SS

I, _____, being duly sworn, so depose and say, that I am the owner of the premises know as _____, in the Borough of Highland Park and that I have known _____, the applicant for a licenses herein mentioned, for a period of not less than one year, that I have observed his/her conduct during that period and found him/her to be honest and of good character and not addicted to the use of intoxicating liquors; and that I know nothing to his prejudice and recommend him to the Chief of Police as a fit person to own and operate a public taxicab.

Sworn and subscribed to before me at _____ this date _____

Print Name

Notary Public of New Jersey

Signature

FOR OFFICIAL USE BY BOROUGH OF HIGHLAND PARK OFFICIALS:

Date Application Filed: _____

POLICE RECOMMENDATIONS:

Date: _____ Approved: _____ Denied: _____

Signature of Chief of Police: _____

License Number Issued: _____

- FEES:** Owner \$100.00 plus \$25.00 per vehicle
- \$10.00 Certified Letter to Motor Vehicle
- \$10.00 per tag transfer
- \$25.00 Failure to Renew by January 31 (per application)

Total Paid: _____ Date: _____ Type of Payment: _____



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
MUNICIPAL CLERK'S OFFICE
16 LANNING BOULEVARD
EAST WINDSOR, NEW JERSEY 08520**

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