TAXICAB APPLICATION

DATE APPLICATION FILED: _____

ADMINISTRATION FEE: $10.00
OPERATOR'S LICENSE FEE $50.00
STATE OF NJ FINGERPRINT FEE $ TO BE DETERMINED

THIS APPLICATION IS FOR:

_____ A New License

_____ Renewal of a License

_____ Change in Corporate Structure

---

1. Application is made on behalf of: _____ (*Insert appropriate number*)

   1 = An Individual
   2 = Business Corporation
   3 = A Partnership
   4 = Limited Partnership

2. If applicant is an individual the applicant's name, residential address and telephone number.

   Applicant's name _____

   Street Address _____
   Number Street Name

   Municipality _____ State _____ Zip _____- ____

   Telephone (_____) _____ - _____

3. Name and address of principal place of business if different than above. (Insert N/A if not applicable)

   Name _____

   Street Address _____
   Number Street

   Municipality _____ Zip _____- _____

4. Name and address of the licensed physician of the State of New Jersey establishing that the applicant is of sound physical condition, with good eyesight, and not subject to epilepsy, vertigo, heart trouble or any other infirmity of body or mind which might render him unfit for the safe operation of a taxicab. (Documented proof must be presented within 60 days of the date of application.)

   Physician's Name _____

   Street Address _____
   Number Street Name

   Municipality _____ State _____ Zip _____- ____

   Telephone (_____) _____ - _____

5. Name and address of the applicant's liability insurance provider.

   Insurance Carrier's Name _____

Street Address _____
Number Street Name

Municipality _____ State _____ Zip _____- ____

Telephone (_____) _____ - _____

Policy Number _____

(Documented proof of adequate insurance coverage must be included with application)

6. Have you made application to the Carlstadt Police Department to be fingerprinted?

   Yes - Date of Application: _____ No – Anticipated Date of Application: _____

7. How long have you been a licensed driver? _____ (A copy of a valid drivers license must be attached.)

8. Vehicle Information. (Use additional sheets if necessary.)

   Make of vehicle_____ Model _____Year_____ Color _____

   Vehicle Identification #_____ License Plate # _____

I hereby certify that the statements made in this application are true to the best of my knowledge and ability and that if any of the statements made herein are willfully false I am subject to punishment.

_____ _____
Signature of Applicant Date

FOR OFFICIAL BOROUGH USE

____ ADMINISTRATIVE FEE $10.00

____ OPERATOR'S LICENSE FEE $50.00

____ PHYSICIAN'S CERTIFICATE (within 60 days of date of application)

____ PROOF OF ADEQUATE LIABILITY INSURANCE COVERAGE

DEPARTMENTAL REVIEWS/INSPECTIONS:
____ BOROUGH CLERK'S OFFICE
____ CARLSTADT POLICE DEPARTMENT

APPROVED BY MAYOR AND COUNCIL
RESOLUTION NO. _____ DATED _____

LICENSE # ISSUED: _____
DATE OF ISSUE _____ EXPIRATION DATE: _____