City of Bridgeton
Office of Municipal Clerk
181 E. Commerce St, Bridgeton NJ 08302

Nichole Almanza, RMC, CMR
Municipal Clerk & Registrar of Vital Statistics

856-455-3230 ex. 227
almanzan@cityofbridgeton.com

Application Received: Date: _____ **Time:** _____

TAXI DRIVER LICENSE RENEWAL APPLICATION

Read every question carefully. **Answer** every question**. LEAVE NO BLANK SPACES**. If the question does not apply to you, insert **"NA".** Per **Ordinance NO. 89-37**, an applicant who has intentionally made a false statement of material, fact, or practiced, or attempted to practice, any deception or fraud in his/her application, may be rejected **and criminally prosecuted**.

FEES
A **NONREFUNDABLE** application fee of **$75.00** is required when the renewal form is submitted.

Fingerprinting Receipt PCN#: _____

APPLICANT INFORMATION

Name of Applicant: _____

Maiden (or other) Names Used: _____

Permanent (Local Address): _____

Telephone No.: (_____) _____-_____

Date of Birth: _____/_____/____ ***(must be 21)*** SSN: _____-_____-_____

Name, Address & Phone No. of Taxi Company Employer: _____

_____

Was your NJ Driver's License revoked, or suspended, during the past year? ☐ **Yes** ☐ **No**

Reason: _____

Was your Taxicab Driver's License revoked, or suspended, during the past year? ☐ **Yes** ☐ **No**

Reason: _____

NJ Driver's License No.: _____ Expires: _____/_____/____

Years of Driving Experience: _____

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BACKGROUND INVESTIGATION INFORMATION

Applicant's Statement

I have not been arrested for: any of the following:

1. Any offense which has resulted in the loss (or suspension) of my driving privileges in this, or any other, State of New Jersey within 5 years from the date of this application.
2. Any indictable offense in this State (or its equivalent) in any other State of New Jersey.
3. Any drug, or alcohol- related, offense.

Applicant's Response: ☐ **Yes** ☐ **No** ☐ **Unsure**

If unsure, list in the space provided below ANY, and all, questionable offense(s) - date and place of conviction, nature of offense, and punishment. _____

_____

RELEASE AUTHORIZATION

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, _____, am making application for licensure in the City of
(Print Applicant's Name)
Bridgeton. As a result, an investigation is being conducted to determine my license eligibility.

You, therefore, are authorized to release to the Bridgeton Police Department, or its representatives, any, and all, information you may have on file pertaining to me that they may request, whether the information is documentary, oral, or in any other form.

A photo static copy of this authorization will be considered as effective and valid as the original.

_____ _____/_____/_____ _____-_____-_____
Applicant's Signature DOB SSN

_____
Address

_____ _____/_____/_____
Witness Signature Date

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ACKNOWLEDGMENT

I, _____ of _____
Print Applicant's Name Name of Taxi Company

Hereby acknowledge the receipt of a copy of Chapter 321 of the Code of the City of Bridgeton, which pertains to, and regulates the, conduct of Bridgeton taxicab businesses and of licensees.

_____ _____/_____/_____
Applicant's Signature Date

I hereby certify that the foregoing information on this application is true and compete to the best of my knowledge and belief.

_____ _____/_____/_____
Applicant's Signature Date

OFFICE USE ONLY

Fee Paid: **Yes ☐** **No☐** $_____ Rec. No._____

Report of Investigating Officer: Applicant Approved: **Yes ☐** **No ☐**

_____ _____/_____/_____
Signature of Investigating Officer Date

LICENSE INFORMATION

As Required By §7-2 of the Revised General Ordinances, The Following Information Is to Be Filled Out by The Person Accepting the Application and Is Necessary in Making Out the License Form:

General Description of Licensee: Sex: _____ Weight: _____ Height: _____

Hair Color: _____ Eye Color _____

License Number: _____ Issued Date: _____

Clerk's Comments: _____