FD: ☐ Police Chief ☐ Traffic Safety ☐ Mints Ins ☐ Zoning: / /

TAXICAB ADDITION AND/OR REPLACEMENT

LICENSE APPLICATION (Article 16)

$10.00 Application Fee
$50.00 Annual License Fee for Each Taxicab Owned and to be Operated Within the City
Copy of Each Taxicab's Vehicle Registration, Insurance Card & Title
Copy of State of New Jersey Certificate of Registration of Each Taximeter

DATE OF APPLICATION: _____ APPLICATION FEE PAID: $_____

NAME OF BUSINESS:_____

BUSINESS ADDRESS:_____
Street Number Street Name

_____
PO No. City State Zip County

VEHICLE BEING REMOVED:

Attach Original City of Millville Taxicab Owners License Issued To Vehicle Being Removed

City of Millville Taxi Owner License # Issued To Vehicle Being Removed: _____
Original License Attached

VEHICLE INFORMATION:

Attach Copy of Title, Vehicle Registration & Insurance Card of Taxicab

1) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

VEHICLE BEING ADDED IS:
Circle One Below:

Additional **Replacement of Above**

VEHICLE INFORMATION:

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

1) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

PLEASE NOTE:
THIS APPLICATION WILL NOT BE ACCEPTED BY THE CITY CLERK'S OFFICE IF IT IS NOT COMPLETED IN ITS ENTIRETY AND IF ALL REQUIRED DOCUMENTATION IS NOT ATTACHED.

THE FOLLOWING CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE:

- _____***$50.00 PER CAB (COLLECT FEE BEFORE ISSUING)***
- _____***$10.00 APPLICATION FEE***
- _____ ***COPY OF STATE OF NEW JERSEY CERTIFICATE OF REGISTRATION OF TAXIMETER THAT IS AFFIXED TO VEHICLE***
- ***COPY OF EACH TAXICAB'S:***
- _____***VEHICLE REGISTRATION***
- _____***VEHICLE INSURANCE IDENTIFICATION CARD***
  _____***CERTIFICATE OF TITLE***

My company now operates _____ licensed taxicab(s) in the City of Millville.
Number of Taxicabs

Any false or misleading statements on this application will result in the immediate denial of a Taxicab Owner's License.

I, _____ certify that I am in compliance with the Rules and Regulations of the City of Millville Municipal Code Chapter 33, Article 16 regarding Taxicab Owner and Driver Licenses and that all of the above statements are true and accurate to the best of my knowledge.
Print Name of Applicant

Applicants Signature_____Date:_____

TAXICAB ADDITIONAL AND/OR REPLACEMENT APPLICATION:

CHIEF OF POLICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____ _____
Date Received By

APPROVED: ☐ DENIED: ☐ Police Chief _____ _____
Signature Date

A brief explanation, if license was denied:_____

_____

_____

TRAFFIC SAFETY BUREAU:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____ _____
Date Received By

APPROVED: ☐ DENIED: ☐ Traffic Safety Officer _____ _____
Signature Date

A brief explanation, if license was denied:_____

_____

_____

ROBERT CONNER, MINTS INSURANCE AGENCY:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____ _____
Date Received By

APPROVED: ☐ DENIED: ☐ Robert Conner _____ _____
Signature Date

A brief explanation, if license was denied:_____

_____

_____

CITY CLERK:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____ _____
Date Received By

APPROVED: ☐ DENIED: ☐ City Clerk _____ _____
Signature Date

A brief explanation, if license was denied:_____

_____