



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 APPLICATION

You must be able to communicate in English to obtain this license.

Read every question carefully. **Answer** every question. **LEAVE NO BLANK SPACES.** If the question does not apply to you, insert "N/A". 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 application is submitted.**

After the City Clerk's Completeness Review, **additional fees** are required before performing services such as fingerprinting, and the police background investigation.

Fingerprinting Receipt PCN#: _____

APPLICANT INFORMATION

Name of Applicant: _____

Maiden (or other) Names Used: _____

Permanent (Local Address): _____

Phone No: _____

Date of Birth: ____/____/____ (must be 21)

Social Security No: _____-_____-_____

NJ Driver's License No: _____

Is your license valid? (Circle answer): (Yes) (No) ***(Must not be revoked)***

Years Driving Experience: _____

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



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Character References: List Name, Address, & Telephone No.'s:

1. _____
2. _____
3. _____

I _____ certify the above taxi driver applicant will be driving for
Name of Taxi Company Owner
my company.

Signature of Taxi Company Owner

____/____/____
Date

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 within 5 years from the date of this application. **Yes** ☐ **No** ☐
- 2) Any indictable offense in this state (or its equivalent) in any other state. **Yes** ☐ **No** ☐
- 3) Any drug, or alcohol-related, offense. **Yes** ☐ **No** ☐

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



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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
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 ____/____/____
D.O.B ____-____-____
SSN

Address

Witness Signature ____/____/____
Date

ACKNOWLEDGMENT

I, _____ of _____
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



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

Applicant's Signature

_____/_____/_____
Date

-----OFFICE USE ONLY-----

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: _____

