

Taxi/Limousine Owner Application

This application must be filed in duplicate and accompanied by:

- ☐ **Power of Attorney completed & notarized**
Poder de Abogado completado y notariadas
- ☐ **A copy of New Jersey Business Registration Certificate**
(Go to www.NewJerseyBusiness.gov to register)
Una copia de certificado de registro comercial de Nueva Jersey
- ☐ **A schedule of fees**
Un baremo de honorarios
- ☐ **A copy of the vehicle(s) registration**
Una copia del registro de vehículo(s)
- ☐ **Proof of fingerprinting**
Prueba de huellas digitales
- ☐ **Original insurance policy covering each taxi or limousine**
ORIGINAL póliza de seguros que cubra cada taxi o limusina
- ☐ **Recommendations from two (2) reputable citizens of East Windsor Township**
Recomendaciones de al menos dos (2) reputados ciudadanos de municipio de East Windsor
- ☐ **Two photographs of a minimum size of 1 ½ inches by 1 ½ inches showing the applicant's face**
Dos fotografías de un tamaño mínimo de 1 ½ pulgadas por 1 ½ pulgadas mostrando la cara del solicitante de frente

FINGERPRINTING NOTICE

Every driver and owner must be fingerprinted. For fingerprinting information, contact East Windsor Police at 609.448.5678 (Press "0") and the dispatcher will schedule your appointment.

If you are renewing an existing permit and have previously been fingerprinted you must still make an appointment to "renew" your fingerprints. You must contact the above number and make an appointment as if you are being fingerprinted.

BE ADVISED that there is a \$25.00 late fee (per application) for failure to renew by January 31.

File in Duplicate

NEW APPLICATION: _____

RENEWAL: _____

TOWNSHIP OF EAST WINDSOR

20 _____

TAXI / LIMOUSINE

(Circle One)

OWNER APPLICATION

Name of Taxi Cab or Limousine Company: _____

Corporation Name of Company: _____

Corp Code _____

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: _____

Number of Locations: _____

Address of Other Location (s): _____

Days/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: _____

(If more than 1 owner, photocopy and complete this page for each owner. Each owner will need to be fingerprinted.)

Owner Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Complexion: _____ Height: _____ Weight: _____

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

S.S.#: _____ DL#: _____

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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.)

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 East Windsor 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/Limousine Company.

Furthermore, the applicant shall submit to fingerprinting by East Windsor 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. However, the subsequent return of the fingerprints will not be cause for delay of the issuance of the permit if all other necessary information has been provided and no impediment exists. Appointments for the taking of fingerprints can be made by telephoning the police department at (609) 448-5678. 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 township may be revoked at that time.

Applicant's Signature

Date

Sworn and subscribed to
before me at _____
this date _____

Notary Public of New Jersey

DESCRIPTION OF TAXI CAB OR LIMOUSINE: (If more vehicles are 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: _____

DESCRIPTION OF TAXI CAB OR LIMOUSINE:

Year, Make and Model of Vehicle: _____

Description of Vehicle: _____
(Color, 4-door, tinted windows, etc.)

Serial Number (VIN): _____

License Plate #: _____

Seating Capacity: _____

DESCRIPTION OF TAXI CAB OR LIMOUSINE:

Year, Make and Model of Vehicle: _____

Description of Vehicle: _____
(Color, 4-door, tinted windows, etc.)

Serial Number (VIN): _____

License Plate #: _____

Seating Capacity: _____



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 Chief Fiscal Officer of the municipality, 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 Township of East Windsor 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:

**TOWNSHIP OF EAST WINDSOR
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 Mercer }

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

Notary Public

This Application must be accompanied by:

_____ a copy of New Jersey Business Registration Certificate

_____ a schedule of fees

_____ a copy of the vehicle(s) registration

_____ Proof of Fingerprinting

_____ Notarized Power of Attorney

_____ ORIGINAL insurance policy covering each taxi or limousine

_____ Recommendations from at least two (2) reputable citizens of the Township of East Windsor

_____ Two photographs of a minimum size of 1 ½ inches by 1 ½ inches showing the applicant's face front and profile for each owner.

FOR OFFICIAL USE BY EAST WINDSOR TOWNSHIP OFFICIALS:

Date Application Filed: _____

POLICE RECOMMENDATIONS:

Date: _____ Approved: _____ Denied: _____

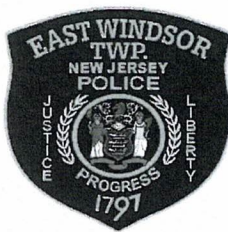
Signature of Chief of Police: _____

License Number Issued: _____

FEES: Owner \$100.00 plus \$25.00 per vehicle
\$10.00 certified letter to Motor Vehicle
\$10.00 Tag Transfer
\$25.00 Failure to Renew by January 31 (per application)

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

East Windsor Township
Police Department
Solicitors Photo and
Fingerprint Application Form



Attach Photo Here

Driver: _____ Owner: _____ New Application: _____ Renewal: _____

License you are applying for: _____

Name of Company: _____

Stationary Vendor Location (if applicable): _____

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Social Security: _____ Place of Birth: _____ Date of Birth: _____

US Citizen: _____ Height: _____ Weight: _____ Eyes: _____

Hair: _____ Marital Status: _____ Complexion: _____

Build: _____ Glasses: _____ Facial Hair: _____

Read/Write: _____ Race: _____

Scars/Tattoos(describe): _____

Three forms of identification are required:

1/ Driver's License (copy front and back): _____

2/ Social Security Card Attached: _____

There will be a minimum waiting period of 10 business days for processing, depending on the type of clearance required.

Have you been convicted of a crime or disorderly person's offense: _____

If yes, describe, listing date(s), place(s), and offense (s):

List last two towns solicited (if applicable):

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

East Windsor Township Ordinance#6-3.8 provides that soliciting is permitted between the hours of 10:00am and 9:00pm. Violators of this ordinance are subject to arrest. The identification card issued by the Township must be worn in full view while soliciting. This card is the property of the Township and must be returned after solicitation period is completed, Failure to do so will prevent issuance of solicitation permit for company involved.

I hereby authorize the release of police records to the appropriate authorities. I understand that any false information or misrepresentation may be the cause of denial of this permit.

Signature: _____

Date: _____