FD: ☐ Police Chief on this date: / /

CITY OF MILLVILLE

TAXICAB OPERATOR'S LICENSE

(The Driver of Any Motor Vehicle Covered Under Article 16.)

LICENSE APPLICATION (Article 16 – Chapter 33)

$10.00 Application
$50.00 Annual License Fee
License Period Is a Calendar Year and Shall Run From January 1st to December 31st of Each Year
Copy of State of New Jersey Driver's License
Attach a Recent Photograph Approximately 1 ½ " By 1 ½" In Size

DATE OF APPLICATION: _____ APPLICATION FEE PAID: $_____

NAME OF APPLICANT:_____ PHONE#: _____
Please Print

APPLICANTS ADDRESS: _____ _____
Street Number Street Name

_____ _____ _____ _____ _____
PO No. City State Zip County

APPLICANTS D.O.B.: _____ /_____ /_____ APPLICANTS DL#: _____
Month Day Year Attach Copy of Driver's License

APPLICANTS SOCIAL SECURITY NUMBER: _____ - _____ - _____

EACH APPLICANT SHALL BE AT LEAST 20 YRS OF AGE & HAVE AT LEAST 3 YRS OF DRIVING EXPERIENCE
THE OPERATOR SHALL MAINTAIN A VALID NJ DRIVER'S LICENSE AT ALL TIMES AND SHALL BE CLEAN & NEAT IN APPEARANCE AT ALL TIMES WHILE OPERATING A TAXICAB WITHIN THE CITY
EACH TAXICAB SHALL BE IN A CLEAN AND SANITARY CONDITION

EMPLOYER INFORMATION:

NAME OF TAXICAB COMPANY: _____ PHONE#: _____
Please Print

COMPANY'S ADDRESS: _____ _____
Street Number Street Name

_____ _____ _____ _____ _____
PO No. City State Zip County

HAS THE APPLICANT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE IN ANY STATE AND/OR A MOTOR VEHICLE OFFENSE IN THE STATE OF NEW JERSEY?

YES: ☐ NO: ☐

CONTINUATION – TAXICAB OPERATOR'S LICENSE – 2

IF YES, PLEASE INDICATE:

NATURE OF OFFENSE	DATE OF OFFENSE	PLACE OF CONVICTION

EACH APPLICANT & EMPLOYEE SHALL BE FINGERPRINTED AND THE PRINTS SHALL BE SUBMITTED TO FEDERAL & STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS & CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING.

PLEASE NOTE:
THIS APPLICATION WILL NOT BE ACCEPTED BY THE CITY CLERK'S OFFICE IF IT IS NOT COMPLETED IN ITS ENTIRETY AND IF A COPY OF CURRENT DRIVER LICENSE AND A RECENT PHOTOGRAPH APPROXIMATELY 1 ½" BY 1 ½" IN SIZE ARE NOT ATTACHED

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

I, _____ certify that all of the above statements
Print Name of Applicant
are true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ _____
Signature Date

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:_____

_____

_____

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