Township of Livingston

Limousine / Taxi Driver Application

Date: ____________________________ New: ☐ Renewal: ☐

License Type: Taxi: ☐ Livery: ☐

Name: ______________________________________ Cell Phone: ______________________________________

Address: ____________________________________ City / State / Zip: __________________________________

Date of Birth: ________________________________ Social Security #: _________________________________

NJ Driver's License #: _________________________ Email: ____

Business Name: ____

Business Address: ____

Address of Principal Place of Business:

____

Have you ever been charged, arrested or convicted of any violation of the law in New Jersey?
Yes ☐ No ☐
If yes, explain: ____
Any other State? Yes ☐ No ☐
If yes, explain: ____
☐

THE FOLLOWING MUST BE COMPLETED BY EACH DRIVER:

1) Date of last background check with Township of Livingston. (If none, please indicate that this is a new submission.
2) One 2" x 2" Passport Photo
3) $5 Application Fee
4) Auto Insurance Policy Name and Number:
   ____
5) Photocopy of Registration.

I hereby certify that the foregoing statements are true and accurate:

Print Name: __________________________ Signature: _________________________ Date: __________________

~~~~~~

Clerk Use Only

Application Approved: ☐ Application Denied: ☐
~~~~~~