# TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-8150


## TAXI CAB OR LIVERY LICENSE APPLICATION

☐ New
☐ Renewal

***APPLICANT INFORMATION***

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: ( ) _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

SEX: Male / Female DRIVER'S LICENSE #: _____

***BUSINESS INFORMATION***

NAME: _____

ADDRESS: _____

OWNER: _____

LIVERY LICENSE#:_____ TAXICAB LICENSE #: _____

PREVIOUS EMPLOYMENT: _____

REFERENCES: Name & Address Telephone Number

_____

_____

---

**PHYSICIAN CERTIFICATION:**

Comments: _____

_____
Physician Signature / Date

# TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-8150


APPLICANT: _____

**Submit this application along with the following to the Township Clerk's office:**

- ☐ Zoning Permit Signed by Zoning Officer
- ☐ Copy of your Driver's License, Vehicle Registration and Insurance Card
- ☐ Certificate of Liability Insurance Listing the Township and Providing Coverage of Automobile Liability - $1,500,000.00 (each accident)
- ☐ Commercial Lease Agreement or Proof of Ownership for Business Address
- ☐ Provide 6 Points of ID as per MVC
  - o Documents Viewed: _____

If Vehicles Parked in Location Other Than Business Location:

- ☐ Zoning and Lease Agreement for Parking

If Sole Proprietorships OR Partnerships are:

- ☐ Business Registration Certificate issued by the New Jersey Division of Revenue

---

**LICENSE APPROVAL:**

License Number: _____

Date Issued: _____

Expiration Date: _____

Fee Paid: _____

_____
Angela Lazzari, RMC
Township Clerk