BOROUGH OF
NEW PROVIDENCE
SETTLED IN 1720

360 Elkwood Avenue
New Providence, NJ 07974
908-665-1400 phone 908-665-9272 fax
www.newprov.us

BOROUGH OF NEW PROVIDENCE
TAXI/LIMOUSINE/LIVERY PERMIT APPLICATION

COMPANY NAME _____

APPLICANT NAME _____

Vehicle Fee (including 1 driver): $25.00 x ____ (# of vehicles) = $ _____

Additional Driver Fee: $5.00 x ____ (# of drivers) = $ _____

Total = $ _____

PLEASE ATTACH THE FOLLOWING ITEMS TO YOUR APPLICATION:
(Application will not be processed until all items are attached)

- ☐ **DRIVER'S LICENSE** – Photocopy of the driver's license for each driver.
- ☐ **REGISTRATION** – Photocopy of the registration for each vehicle.
- ☐ **CERTIFICATE OF INSURANCE** – photocopy of certificate of insurance with all vehicles listed and name of company and/or driver.
- ☐ **NJ BUSINESS REGISTRATION CERTIFICATE**
- ☐ **FEDERAL TAX ID NUMBER**
- ☐ **CERTIFICATE OF AUTHORITY TO COLLECT SALES TAX**
- ☐ **CERTIFICATE OF FORMATION OR CERTIFICATE OF INCORPORATION**
- ☐ **COMMERCIAL LEASE AGREEMENT OR PROOF OF OWNERSHIP FOR BUSINESS ADDRESS**
- ☐ **LIMOUSINE DRIVER QUALIFICATION CERTIFICATE FROM MOTOR VEHICLE COMMISSION**
- ☐ **PAYMENT –** Check, Cash, or Credit Card (visa, mastercard, discover)
- ☐ **RELEASE AUTHORIZATION- BACKGROUND CHECK- NPPD**

CONTACT INFORMATION

APPLICANT'S NAME (Driver #1) _____
FIRST NAME LAST NAME

HOME ADDRESS _____
STREET

_____
CITY STATE ZIP

LIVED AT THIS ADDRES _____number of years

HOME PHONE NO. (_____)_____CELL PHONE NO.(_____)_____

EMAIL ADDRESS _____

COMPANY NAME _____

COMPANY ADDRESS _____
STREET

_____
CITY STATE ZIP

COMPANY PHONE NUMBER (_____)_____

SUPERVISOR'S NAME (if applicable) _____

APPLICANT'S BACKGROUND INFORMATION

ARE YOU OVER 21 YEARS OLD: YES_____ NO _____

DRIVER'S LICENSE NO. _____

STATE DRIVER'S LICENSE ISSUED FROM _____EXPIRATION DATE: _____

WAS YOUR DRIVER'S LICENSE OR REGISTRATION PRIVILEGES EVER SUSPENDED OR REVOKED IN NEW JERSEY OR ANY OTHER STATE OR COUNTRY? YES____ NO_____

IF YES, PLEASE GIVE DATE(s), PLACE(s) AND REASON(s) FOR SUSPENSION OR REVOCATION:

HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSON'S OFFENSE, PETTY DISORDERLY PERSON OFFENSE OR MUNICIPAL ORDINANCE? YES ___ NO ___

IF YES, PLEASE GIVE DATE(s), PLACE(s), AND NATURE(s) OF OFFENSE(s):

* MAKE ADDITIONAL COPIES OF THIS PAGE IF THERE ARE MORE VEHICLES

VEHICLE INFORMATION

MAKE OF VEHICLE #1 _____

VEHICLE MODEL _____

YEAR _____

VIN NUMBER _____

LICENSE PLATE NUMBER _____

STATE _____

EXPIRATION DATE _____

INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

MAKE OF VEHICLE #2 _____

VEHICLE MODEL _____

YEAR _____

VIN NUMBER _____

LICENSE PLATE NUMBER _____

STATE _____

EXPIRATION DATE _____

INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

MAKE OF VEHICLE #3 _____

VEHICLE MODEL _____

YEAR _____

VIN NUMBER _____

LICENSE PLATE NUMBER _____

STATE _____

EXPIRATION DATE _____

INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

* MAKE ADDITIONAL COPIES OF THIS PAGE IF THERE ARE MORE DRIVERS

ADDITIONAL DRIVERS

FULL NAME OF DRIVER #2 _____

HOME ADDRESS _____

_____

PHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

STATE DRIVER'S LICENSE ISSUED _____

EXPIRATION DATE _____

IS THIS DRIVER EMPLOYED BY THE COMPANY STATED ON THIS APPLICATION? _____ YES _____ NO

FULL NAME OF DRIVER #3 _____

HOME ADDRESS _____

_____

PHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

STATE DRIVER'S LICENSE ISSUED _____

EXPIRATION DATE _____

IS THIS DRIVER EMPLOYED BY THE COMPANY STATED ON THIS APPLICATION? _____ YES _____ NO

FULL NAME OF DRIVER #4 _____

HOME ADDRESS _____

_____

PHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

STATE DRIVER'S LICENSE ISSUED _____

EXPIRATION DATE _____

IS THIS DRIVER EMPLOYED BY THE COMPANY STATED ON THIS APPLICATION? _____ YES _____ NO

REFERENCES

PLEASE LIST THREE (3) REFERENCES. **DO NOT USE EMPLOYER OR RELATIVES**:

Reference #1

NAME _____

COMPLETE ADDRESS _____

_____

PHONE NUMBER (_____)_____

EMAIL ADDRESS _____

Reference #2

NAME _____

COMPLETE ADDRESS _____

_____

PHONE NUMBER (_____)_____

EMAIL ADDRESS _____

Reference #3

NAME _____

COMPLETE ADDRESS _____

_____

PHONE NUMBER (_____)_____

EMAIL ADDRESS _____

APPLICANT'S CERTIFICATION

I DO SOLEMLY DECLARE AND CERTIFY UNDER THE PENALTIES OF LAW, THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL LAWS RELATING TO OWNERSHIP, REGISTRATION, INSURANCE AND OPERATION OF VEHICLES IN THE STATE OF NEW JERSEY, AND THE PROVISIONS OF CHAPTER 239 "TAXICABS" OF THE OFFICIAL CODE OF THE BOROUGH OF NEW PROVIDENCE.

THE APPLICANT AND ALL PARTIES DESCRIBED WITHIN THIS APPLICATION WILL ABIDE BY ALL RULES AND REGULATIONS ADOPTED OR TO BE ADOPTED FOR THE CONTROL AND REGULATION "AUTOCABS AND TAXIS" UNDER PENALTY OF SUSPENSION OR REVOCATION OF LICENSE. THIS LICENSE SHALL BE VALID UNTIL THE 31ST DAY OF DECEMBER AFTER APPROVAL BY MAYOR AND COUNCIL.

_____ _____

Applicant's Signature Date

Notary Public:

State of _____

County of _____

Sworn and subscribed to me this _____ day of _____, _____.

_____

Notary Public - Printed Name

_____

Notary Public - Signature

Notary Seal Here

FOR OFFICE USE ONLY

COMPANY NAME _____

APPLICANT NAME _____

POLICE CHIEF RECOMMENDATION

APPLICATION IS: APPROVED_____ DENIED____

REASON(s) FOR DENIAL:

_____
_____
_____

_____ _____
Police Chief Signature Date

ZONING OFFICER RECOMMENDATION

APPLICATION IS: APPROVED_____ DENIED____

REASON(s) FOR DENIAL:

_____
_____
_____

_____ _____
Zoning Officer Signature Date

MAYOR AND BOROUGH COUNCIL RECOMMENDATION

APPLICATION IS: APPROVED_____ DENIED____

REASON(s) FOR DENIAL:

_____
_____
_____

_____
Date of Borough Council Meeting

BOROUGH CLERK

PERMIT NUMBER_____DATE ISSUED_____EXPIRATION DATE_____

_____
Borough Clerk Signature

POLICE DEPARTMENT
NEW PROVIDENCE, NEW JERSEY

Daniel Henn
Chief of Police

Donald Sretenovic
Lieutenant
Patrol Commander

Stephen Drown
Captain

Sean Bubb
Lieutenant
Detective Commander

RELEASE AUTHORIZATION

To whom it may concern:

I, _____, have made application for a limo/taxi license with the Borough of New Providence. As part of this process and prior to approving my application, the New Providence Police Department needs to thoroughly investigate my employment, background, and personal history to evaluate my qualifications for the permit I have applied for.

I therefore, authorize you to release any and all information relating to my employment or otherwise pertaining to me to the New Providence Police Department, or its representative, regardless of any agreement I may have made with you previously to the contrary.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing this information requested, including liability or damage pursuant to any state or federal laws.
I hereby release, discharge and/or exonerate the New Providence Police Department, its agents and representatives, and any person so furnishing the information requested from any liability of any nature and kind, arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation conducted by the New Providence Police Department.

A photocopy of this document will be considered as effective and valid as the original.

Name: _____

Address: _____ Apartment: _____

Town, State, Zip Code: _____

Signature: _____ Date: _____

To be completed by a Notary Public:

Subscribed and sworn to before me this _____ day of _____, 20____.
Notary Stamp

Signature of Notary Public: _____

360 Elkwood Avenue ■ New Providence ■ New Jersey ■ 07974
908-665-1111 ■ 908-665-9873 (FAX)