FD: ☐ Police Chief ☐ Traffic Safety ☐ Mints Ins & ☐ Zoning on this date: / /

TAXICAB OWNER'S LICENSE

LICENSE APPLICATION (Article 16)

$10.00 Application Fee
$50.00 Annual License Fee for Each Taxicab Owned and to be Operated Within the City
The Application Shall be Filed No Later than January 10th of Each Year
Copy of State of New Jersey Tax Sale Certificate
Copy of State of New Jersey Business Registration
Copy of State of New Jersey Certificate of Registration of Each Taximeter
Copy of Each Taxicab's Vehicle Registration, Insurance Card & Title
Copy of Insurance Policy or Blanket Bond in the amount of $35,000.00
Copy of Power of Attorney that satisfies the requirements of NJSA 48:16.5

DATE OF APPLICATION: _____ APPLICATION FEE PAID: $_____

NAME OF BUSINESS:_____

BUSINESS ADDRESS:_____
Street Number Street Name

_____
PO No. City State Zip County

OWNER INFORMATION:

NAME OF OWNER: _____ PHONE#: _____
Please Print

APPLICANTS ADDRESS: _____ _____
Street Number Street Name

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

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

PARTNERSHIP INFORMATION:

NAME OF PARTNER: :_____ PHONE#: _____
Please Print

PARTNER'S ADDRESS: _____ _____
Street Number Street Name

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

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

CORPORATION INFORMATION:

NAME OF PRESIDENT:_____ PHONE#: _____
Please Print

ADDRESS: _____ _____
Street Number Street Name

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

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

The Owner of a Taxicab Licensed Under Article 16 of the Municipal Code of the City of Millville:

- **Who owns a Taxicab Shall File a copy of an Insurance Policy which provides Liability Insurance in the amount of $35,000.00**
- **Who Owns & Operates more than one Taxicab Shall File a Blanket Bond or an Insurance Policy in the amount of $35,000.00 that satisfies the requirements of NJSA 48:16-3**
- **Shall execute and deliver a power of attorney to the City Clerk that satisfies the requirements of NJSA 48:16-5**

Please read the following regulations carefully all regulations will be strictly enforced by the Millville Police Department:

- **All taxicabs engaged in the taxi business within the City shall be currently registered and inspected by the State of New Jersey.**
- **All taxicabs engaged in the taxi business within the City shall be properly maintained at all times and in good working order, and each cab shall be affixed with a taximeter which shall be properly maintained at all times and in good working order.**
- **Each taxicab engaged in the taxi business within the City shall have painted on both sides of the vehicle the name of the owner and the words "cab," "taxi" or "taxicab."**
- **The operator of a taxicab shall maintain a valid New Jersey driver's license at all times while operating a taxicab within the City.**
- **The operator of a taxicab shall provide a passenger with a receipt for the fare paid when requested to do so.**
- **The operator of a taxicab shall utilize the flag that exists on the taximeter to properly indicate when the vehicle is employed or not employed. It shall be the duty of the operator to throw the flag into a nonrecording position at the termination of each trip.**
- **The owner's license for each taxicab and operator's license shall be prominently displayed in the taxicab so that it is readily observable by all passengers.**
- **The owner of each taxicab shall maintain records of all trips made for the last six months, which records shall be subject to audit and inspection by the City Clerk at any time.**
- **No taxicab shall be operated within the City unless it is equipped with and complies with the child passenger restraint system pursuant to Title 39 of the New Jersey statutes.**

TAXICAB OWNER'S LICENSE – CONTINUATION PAGE – 3

VEHICLE INFORMATION:

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

1) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

2) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

3) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

4) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

5) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

6) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

7) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

Attach Copy of Title, Vehicle Registration & Insurance Card for Each Taxicab

8) VEHICLE DESCRIPTION: _____ _____
Year Make/Model

_____ _____ _____
Vehicle Identification Number Cab Number License Plate Number

Attach Copy of Taximeter Certificate of Registration Issued By The State of New Jersey Office of Weights & Measures that Is Affixed To This Vehicle

TAXIMETER AFFIXED TO VEHICLE:_____
Manufacturer's Name

_____
Make, Model & Serial No.

TAXICAB OWNER'S LICENSE – CONTINUATION PAGE – 5

TAXICAB DRIVER INFORMATION: *(List All Taxicab Drivers Employed By Your Company)*

Attach Copy of the Driver's Taxi License Issued by the City of Millville that he/she Currently holds

1) TAXICAB DRIVER: _____
Please Print Full Name

ADDRESS: _____ _____
Street Number Street Name

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

2) TAXICAB DRIVER: _____
Please Print Full Name

ADDRESS: _____ _____
Street Number Street Name

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

3) TAXICAB DRIVER: _____
Please Print Full Name

ADDRESS: _____ _____
Street Number Street Name

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

4) TAXICAB DRIVER: _____
Please Print Full Name

ADDRESS: _____ _____
Street Number Street Name

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

5) TAXICAB DRIVER: _____
Please Print Full Name

ADDRESS: _____ _____
Street Number Street Name

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

6) TAXICAB DRIVER: _____
Please Print Full Name

ADDRESS: _____ _____
Street Number Street Name

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

7) TAXICAB DRIVER: _____
Please Print Full Name

ADDRESS: _____ _____
Street Number Street Name

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

8) TAXICAB DRIVER: _____
Please Print Full Name

ADDRESS: _____ _____
Street Number Street Name

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

PLEASE REMIND ALL YOUR TAXICAB DRIVERS TO APPLY FOR THEIR 2012 CITY OF MILLVILLE TAXI LICENSES

TAXICAB OWNER'S LICENSE – CONTINUATION PAGE – 6

HAS THE APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) EVER BEEN CONVICTED OF A CRIMINAL OFFENSE AND/OR MOTOR VEHICLE OFFENSE?

YES: ☐ NO: ☐

IF YES, PLEASE INDICATE:

NAME	NATURE OF OFFENSE	DATE OF OFFENSE	PLACE OF CONVICTION

EACH APPLICANT & EMPLOYEE SHALL BE FINGERPRINTED BY THE MILLVILLE PD 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.

THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE MILLVILLE POLICE DEPARTMENT, ZONING OFFICE, CITY OF MILLVILLE'S INSURANCE BROKER OF RECORD, CITY CLERK AND BY RESOLUTION APPROVED BY THE GOVERNING BODY OF THE CITY OF MILLVILLE

PLEASE NOTE:
THIS APPLICATION WILL NOT BE ACCEPTED BY THE CITY CLERK'S OFFICE IF IT IS NOT COMPLETED IN ITS ENTIRETY AND IF ALL REQUIRED DOCUMENTATION IS NOT ATTACHED.

THE FOLLOWING CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE:

- _____ ***$50.00 PER CAB (COLLECT FEE BEFORE ISSUING)***
- _____ ***$10.00 APPLICATION FEE***
- _____ ***COPY OF STATE OF NEW JERSEY TAX SALE CERTIFICATE***
- _____ ***COPY OF STATE OF NEW JERSEY BUSINESS REGISTRATION***
- ***COPY OF EACH TAXICAB'S:***
- _____ ***VEHICLE REGISTRATION***
- _____ ***VEHICLE INSURANCE IDENTIFICATION CARD***
  _____ ***CERTIFICATE OF TITLE***
- _____ ***STATE OF NEW JERSEY CERTIFICATE OF REGISTRATION FOR EACH TAXIMETER AFFIXED TO EACH REGISTERED TAXICAB***
- _____ ***COPY OF INSURANCE POLICY OR BLANKET BOND IN THE AMOUNT OF $35,000.00***
- _____ ***COPY OF POWER OF ATTORNEY THAT SATISFIES THE REQUIREMENTS OF NJSA 48:16.5***
- _____ ***COPY OF OWNER'S DL***
- _____ ***COPY OF EACH TAXICAB DRIVER'S CITY OF MILLVILLE TAXI OPERATOR'S LICENSE HE/SHE CURRENTLY HOLDS***

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

I, _____ certify that I am in compliance with the
Print Name of Applicant
Rules and Regulations of the City of Millville Municipal Code Chapter 33, Article 16 regarding Taxicab Owner and Driver Licenses and that all of the above statements are true and accurate to the best of my knowledge.

Applicants
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:_____

_____

_____

TRAFFIC SAFETY BUREAU:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____ _____
Date Received By

APPROVED: ☐ DENIED: ☐ Traffic Safety Officer _____ _____
Signature Date

A brief explanation, if license was denied:_____

_____

_____

ZONING OFFICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____ _____
Date Received By

APPROVED: ☐ DENIED: ☐ Zoning Officer _____ _____
Signature Date

A brief explanation, if license was denied:_____

_____

_____

ROBERT CONNER, MINTS INSURANCE AGENCY:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____ _____
Date Received By

APPROVED: ☐ DENIED: ☐ Robert Conner _____ _____
Signature Date

A brief explanation, if license was denied:_____

_____

_____

CITY CLERK:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____ _____
Date Received By

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

A brief explanation, if license was denied:_____

_____