

BOROUGH OF CARTERET
New Jersey

\$25.00 for each additional
vehicle

TAXICAB LICENSE APPLICATION - FEE \$150.00 per Year

If any false or incorrect statement is made in this application, it will be considered cause for revocation of the license or licenses. This application MUST be filled out for each and every taxicab applied for. All taxicab licenses shall terminate on the 15th day of May, next succeeding. A Taxicab Owners License does not entitle owner to drive a taxicab without also obtaining a Taxicab Drivers License.

NAME OF APPLICANT _____

ADDRESS _____

hereby apply to the Borough Clerk for a license to operate a public taxicab as described below within the Borough of Carteret.

IF INDIVIDUAL:

Date of Birth _____ Are you a citizen of U. S. ? _____

IF CO-PARTNERSHIP:

Name of Firm _____

Main Office _____

Names and Addresses of Partners:

IF CORPORATION:

Name of Corporation _____

Where incorporated _____

Main office _____

President _____

Treasurer _____

VICE President _____

Secretary _____

1. How many vehicles do you desire licensed at this time? _____
2. Give address where all the vehicles are to be kept _____
3. From whom and when did you buy cars indicated above. _____
4. Have you complied with the Borough Ordinance and the Revised Statutes of N.J. in regard to insurance for this vehicle? _____
5. Type of vehicle to be licensed: Cab _____ Limousine _____
6. Color of cab _____ Distinguishing marks, if any _____
7. Name of manufacturer _____
8. Factory number _____ Engine number _____
9. How many passengers is said vehicle intended to seat? _____
10. Year made _____ Horse power _____
11. Are you the owner or lessee of said vehicle? _____
12. Are you a member of any cab company? _____ If so, name _____
13. Are you a member of any cooperative or operating association? _____ If so, name _____
14. What rates do you propose to charge? _____

15. Have you ever been convicted of violating any criminal or quasi-criminal statute, including traffic laws and municipal ordinances? _____

If answer is 'yes' state Date of conviction _____

Place of Conviction _____

Nature of Offense _____

Punishment Imposed _____

16. State previous experience in the transportation of passengers for hire:

Name state or municipality where you have been licensed to operate a taxicab _____

Was your license ever suspended or revoked? _____

If 'yes' state reason _____

Was your application for issuance or renewal of a license denied? _____

If 'yes' state reason _____

17. Furnish appropriate evidence as to your good character and business and financial responsibility. _____

18. Other facts or information you believe will tend to show why you should be granted a license _____

STATE OF NEW JERSEY) SS
COUNTY OF MIDDLESEX)

_____ being duly sworn, deposes and says that _____ answers to the foregoing questions and other statements contained therein are true of his, their, her knowledge and belief, and that he, they, she will report in writing to the office of the Borough Clerk, and to the Police Department, any change of address that may occur while this license remains in force and that he, they, she will not permit the operation of said taxicab or taxicabs, except by a duly licensed taxicab driver.

Sworn before me this _____ day of _____, 19____

R E P O R T
P O L I C E D E P A R T M E N T

THIS IS TO CERTIFY that the Police Department has this day inspected the vehicle mentioned in this application, owned by:

NAME _____

ADDRESS _____

STATE LICENSE NUMBER _____

IS VEHICLE SAFE? _____ CLEAN? _____ SANITARY? _____

GENERAL APPEARANCE _____

HAS IT A PARTITION IN BACK OF DRIVER? _____

The qualifications of the applicant as a taxicab owner have been investigated. It is hereby recommended that a Taxicab License

BE ISSUED _____ BE NOT ISSUED _____

Reason for recommendation: _____

Signature: _____

Chief of Police

DATED: _____

Copy of report shall be sent to the applicant.

Date of hearing: _____ Place: _____

Time: _____

Applicant published time and place of hearing on _____

(at least 3 days before date of hearing)

in the newspaper named: _____

TAXICAB OWNER LICENSE ISSUED TO: _____

ADDRESS: _____

LICENSE NUMBER: _____

LICENSE FEE PAID _____

DATED ISSUED: _____

Signature _____

BY ORDER OF THE MAYOR AND COUNCIL RESOLUTION # _____

ADOPTED _____