

**PLEASE MAKE NOTE OF THE NEW FEE'S**

NEW APPLICATION: \_\_\_\_\_ RENEWAL: \_\_\_\_\_

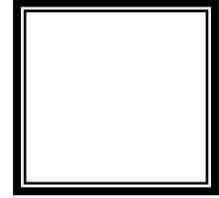
APPLICATION YEAR: 20\_\_



**The BOROUGH of HIGHLAND PARK**

**TAXI**

**DRIVER APPLICATION**



**Check Applicable Box:**

A.  I am seeking a license to operate a taxi owned by \_\_\_\_\_ taxi Company.

B.  I am a private owner of a taxi seeking license to operate for \_\_\_\_\_ taxi Company. (See Vehicle Information Section)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(# Street) (City) (State, Zip)

Where have you lived for the past five (5) years? (give address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been a resident of Highland Park?: \_\_\_\_\_

Home telephone number: (area code): \_\_\_\_\_

Cellular Number (area code): \_\_\_\_\_

Facsimile number (area code): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Marital Status: \_\_\_\_\_

S.S.#: \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

What is the number of your State Chauffeur's License?: \_\_\_\_\_ Year: \_\_\_\_\_

Citizen of the U.S.A.: Yes/No Where were you born: \_\_\_\_\_

If naturalization, show naturalization papers: \_\_\_\_\_  
Date Number Location of Court

**TAXI CAB EMPLOYMENT INFORMATION**

Give the Name, Address, and Telephone Number of the Company that you will be operating or driving for:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**VOUCHER FROM TAXICAB OWNER**

This is to certify that \_\_\_\_\_, who resides at \_\_\_\_\_ will be employed by me as a taxicab operator.

Do you have a license to operate elsewhere?: \_\_\_\_\_

Place: \_\_\_\_\_ Full time or Part-time: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

**GIVE NAMES AND ADDRESSES OF YOUR EMPLOYERS AND YOUR OCCUPATION, FOR THE LAST FIVE (5) YEARS:**

<u>Dates of Employment</u>	<u>Employer</u>	<u>Address</u>	<u>Occupation</u>

**CRIMINAL HISTORY / BACKGROUND:**

Circle (YES) or (NO) to the following questions: (Please explain any **YES** answers for question #'s 2 through 9 only on the form supplied (Page 3). Include: Date and Place of each conviction; Nature of the offense; and Punishment or Penalty imposed.)

- |   |     |    |
|---|-----|----|
| 1. Have you ever been convicted of a motor vehicle violation?   | YES | NO |
| 2. Has your Driver's License ever been revoked?   | YES | NO |
| 3. Have you ever been convicted of a crime or disorderly persons offense?   | YES | NO |
| 4. Have you ever been arrested or summoned to Court on ANY charge?  | YES | NO |
| 5. Have you ever been convicted of a violation of any Municipal Ordinance?  | YES | NO |
| 6. Are you a habitual drunkard?   | YES | NO |
| 7. Are you addicted to narcotics?   | YES | NO |
| 8. Do you suffer from a physical defect or sickness?  | YES | NO |
| 9. Have you ever been attended, treated or observed by a doctor of psychiatry for a mental or physical condition? | YES | NO |



**VEHICLE INFORMATION**

I AM A **PRIVATE** OWNER OF THE VEHICLE DESCRIBED BELOW THAT WILL BE OPERATED AS A TAXI FOR \_\_\_\_\_ TAXI COMPANY.

**#1. DESCRIPTION OF TAXI CAB:**

Year, Make and Model of Vehicle: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_  
*(Color, 4-door, tinted windows, etc.)*

Serial Number (VIN): \_\_\_\_\_

License Plate #: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

**#2. DESCRIPTION OF TAXI CAB:**

Year, Make and Model of Vehicle: \_\_\_\_\_

Description of Vehicle: \_\_\_\_\_  
*(Color, 4-door, tinted windows, etc.)*

Serial Number (VIN): \_\_\_\_\_

License Plate #: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

**THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF THE VEHICLE(S) REGISTRATION, POWER OF ATTORNEY AND AN ORIGINAL CERTIFICATE OF INSURANCE FOR EACH TAXI.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Sworn and Subscribed before  
me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public of NJ

\_\_\_\_\_, being duly sworn, deposes and says that he is the individual making the foregoing application for a taxicab operator's license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief and that he will report in writing to this office any change in address that may occur while this license remains in force.

Sworn before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Notary Public of NJ

**VOUCHER FROM CURRENT OR LAST EMPLOYER**

How long was the applicant herein mentioned in your employ? \_\_\_\_\_  
What were their duties? \_\_\_\_\_  
What was the date of the termination of employment? \_\_\_\_\_  
What was the reason for leaving your employ? \_\_\_\_\_  
Would you recommend the applicant as a fit person to operate a public taxicab? \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Address: \_\_\_\_\_  
\_\_\_\_\_

**TWO VOUCHERS IN MATTER OF REPUTATION**

**NOTE:** *The voucher of NO person will be accepted for more than one operator, not can person engaged in or associated with taxicab operating act as a voucher.*

**VOUCHER NO. 1**

Is the applicant related to you?: \_\_\_\_\_ Give particulars: \_\_\_\_\_  
Has the applicant every been in your employ? \_\_\_\_\_  
Would you employ him now, if opportunity offered? \_\_\_\_\_  
Is the applicant, to your knowledge addicted to the use of intoxicating liquor? \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Address: \_\_\_\_\_  
\_\_\_\_\_

**VOUCHER NO. 2**

Is the applicant related to you?: \_\_\_\_\_ Give particulars: \_\_\_\_\_  
Has the applicant every been in your employ? \_\_\_\_\_  
Would you employ him now, if opportunity offered? \_\_\_\_\_  
Is the applicant, to your knowledge addicted to the use of intoxicating liquor? \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Address: \_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICIAL USE OF BOROUGH OF HIGHLAND PARK OFFICIALS ONLY:**

Date Application Filed: \_\_\_\_\_

**POLICE RECOMMENDATION:**                      Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

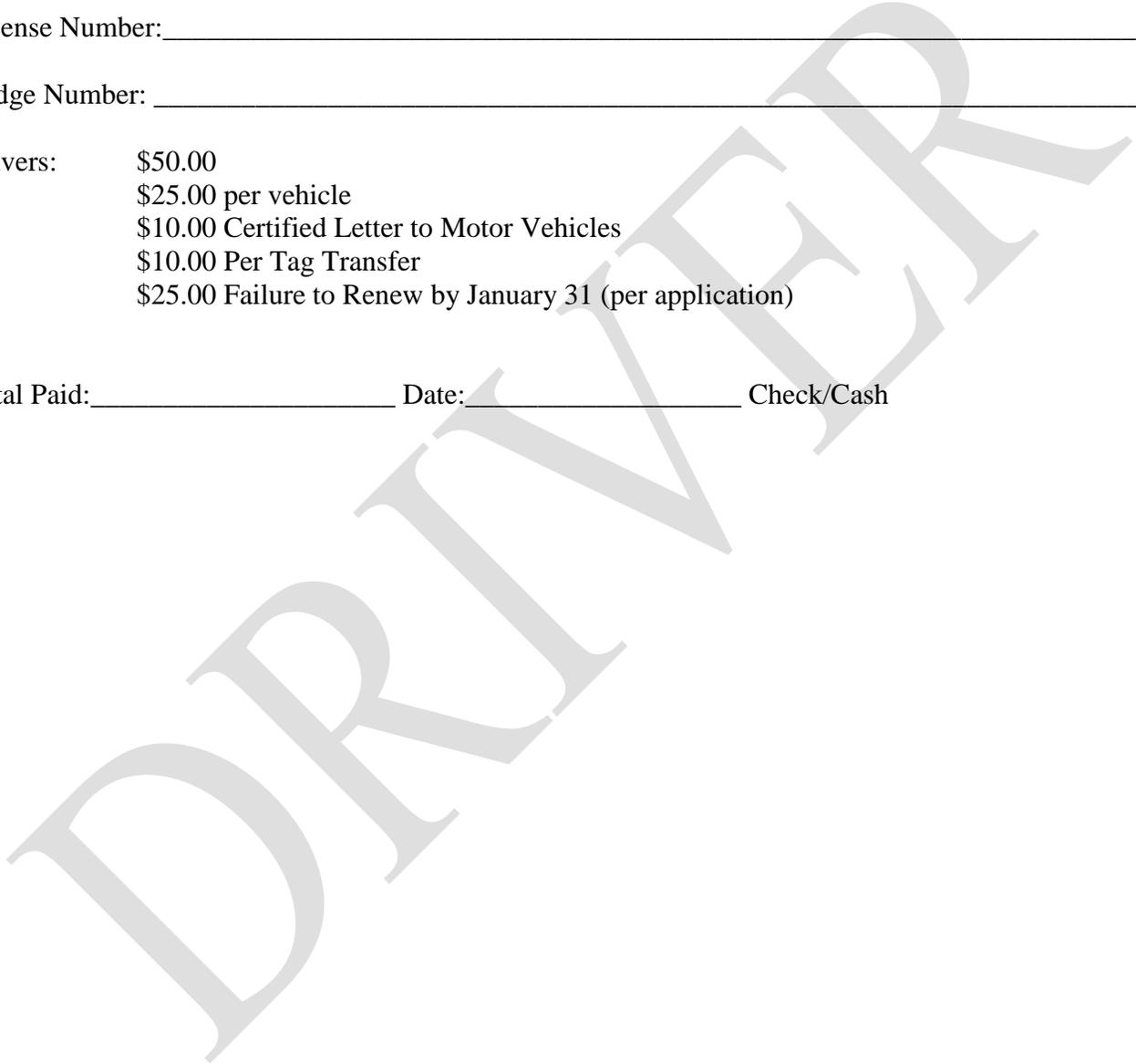
Chief of Police Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

Badge Number: \_\_\_\_\_

- Drivers:            \$50.00  
                      \$25.00 per vehicle  
                      \$10.00 Certified Letter to Motor Vehicles  
                      \$10.00 Per Tag Transfer  
                      \$25.00 Failure to Renew by January 31 (per application)

Total Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check/Cash





# POWER OF ATTORNEY

I, \_\_\_\_\_, the undersigned affirm that, for the purpose of complying with the laws of New Jersey relating to the registration of vehicles in said State, hereby irrevocably appoint the Director, Division of Motor Vehicles, State of New Jersey, Department of Transportation, its true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy or bond filed with the Borough of Highland Park in conjunction with such registration in accordance with NJSA 48:1 et seq.

It is requested that a copy of any notice, process or pleading service hereunder be mailed to:

**BOROUGH OF HIGHLAND PARK  
CLERK'S OFFICE  
221 SOUTH 5<sup>TH</sup> AVENUE  
HIGHLAND PARK, NEW JERSEY 08904**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Title

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip Code

## NOTARY CERTIFICATE

State of New Jersey }  
County of Middlesex }

Sworn and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public