

TAXICAB ADDITION AND/OR REPLACEMENT LICENSE APPLICATION (Article 16)

\$10.00 Application Fee
\$50.00 Annual License Fee for Each Taxicab Owned and to be Operated Within the City
Copy of Each Taxicab's Vehicle Registration, Insurance Card & Title
Copy of State of New Jersey Certificate of Registration of Each Taximeter

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

VEHICLE BEING REMOVED:

Attach Original City of Millville Taxicab Owners License Issued To Vehicle Being Removed

City of Millville Taxi Owner License # Issued To Vehicle Being Removed: _____
Original License Attached

VEHICLE INFORMATION:

Attach Copy of Title, Vehicle Registration & Insurance Card of 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.

VEHICLE BEING ADDED IS:

Circle One Below:

Additional

Replacement of Above

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.

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 CERTIFICATE OF REGISTRATION OF TAXIMETER THAT IS AFFIXED TO VEHICLE**
- **COPY OF EACH TAXICAB'S:**
 - _____ **VEHICLE REGISTRATION**
 - _____ **VEHICLE INSURANCE IDENTIFICATION CARD**
 - _____ **CERTIFICATE OF TITLE**

My company now operates _____ licensed taxicab(s) in the City of
Number of Taxicabs
Millville.

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

I, _____ *Print Name of Applicant* certify that I am in compliance with the
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:** _____

TAXICAB ADDITIONAL AND/OR REPLACEMENT APPLICATION:

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: _____

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: _____

