

# CITY OF MILLVILLE

## TAXICAB OPERATOR'S LICENSE

(The Driver of Any Motor Vehicle Covered Under Article 16.)

### LICENSE APPLICATION (Article 16 – Chapter 33)

**\$10.00 Application**  
**\$50.00 Annual License Fee**  
**License Period Is a Calendar Year and Shall Run From January 1<sup>st</sup> to December 31<sup>st</sup> of Each Year**  
**Copy of State of New Jersey Driver's License**  
**Attach a Recent Photograph Approximately 1 ½ " By 1 ½" In Size**

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

NAME OF APPLICANT: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
Please Print

APPLICANTS ADDRESS: \_\_\_\_\_  
Street Number Street Name

PO No. City State Zip County

APPLICANTS D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ APPLICANTS DL#: \_\_\_\_\_  
Month Day Year Attach Copy of Driver's License

APPLICANTS SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EACH APPLICANT SHALL BE AT LEAST 20 YRS OF AGE & HAVE AT LEAST 3 YRS OF DRIVING EXPERIENCE**  
**THE OPERATOR SHALL MAINTAIN A VALID NJ DRIVER'S LICENSE AT ALL TIMES AND SHALL BE CLEAN &**  
**NEAT IN APPEARANCE AT ALL TIMES WHILE OPERATING A TAXICAB WITHIN THE CITY**  
**EACH TAXICAB SHALL BE IN A CLEAN AND SANITARY CONDITION**

#### EMPLOYER INFORMATION:

NAME OF TAXICAB COMPANY: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
Please Print

COMPANY'S ADDRESS: \_\_\_\_\_  
Street Number Street Name

PO No. City State Zip County

**HAS THE APPLICANT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE IN ANY STATE AND/OR A MOTOR VEHICLE OFFENSE IN THE STATE OF NEW JERSEY?**

YES:  NO:

**CONTINUATION – TAXICAB OPERATOR’S LICENSE – 2**

IF YES, PLEASE INDICATE:

<u>NATURE OF OFFENSE</u>	<u>DATE OF OFFENSE</u>	<u>PLACE OF CONVICTION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EACH APPLICANT & EMPLOYEE SHALL BE FINGERPRINTED 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.**

**PLEASE NOTE:  
THIS APPLICATION WILL NOT BE ACCEPTED BY THE CITY CLERK’S OFFICE IF IT IS NOT COMPLETED IN ITS ENTIRETY AND IF A COPY OF CURRENT DRIVER LICENSE AND A RECENT PHOTOGRAPH APPROXIMATELY 1 ½” BY 1 ½” IN SIZE ARE NOT ATTACHED**

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

**I, \_\_\_\_\_ *Print Name of Applicant* certify that all of the above statements are true and accurate to the best of my knowledge.**

SIGNATURE OF APPLICANT: \_\_\_\_\_  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED:  DENIED:  City Clerk: \_\_\_\_\_  
Signature Date