



APPLICATION FOR TAXI CAB LICENSE

Date: _____

For 20____ - 20____ License Period

Trade or Corporate Name: _____

Location of business: _____

Telephone No.: _____

Owner of vehicle: _____

Name of applicant: _____

Is applicant: Individual Partnership Corporation

If individual, give name & address of applicant, if partnership, give name and address of each partner:

INDIVIDUAL/PARTNER NAME

INDIVIDUAL/PARTNER ADDRESS

To be answered by Corporations only:

Corporate Name of Applicant: _____

Address of Principal Office: _____

Date Incorporated: _____ Under what State? _____

Address of Registered NJ Office: _____

Name & address of all officers, with offices held by each, and members of the Board of Directors:

OFFICER NAME

OFFICER ADDRESS

- CONTINUED ON BACK -

VEHICLE INFORMATION:

Year _____ Make _____ Model _____

VIN # _____ # of Seats _____

INSURANCE CARRIER: _____

Address _____

POLICY #: _____

POLICY EFFECTIVE DATE: FROM: _____ TO: _____

FEE: \$100.00 per vehicle **Cash** **Check #** _____ **TOTAL \$** _____

Signature of **Date**
PARTNER, PERSONS DOING BUSINESS UNDER A TRADE NAME, or INDIVIDUAL APPLICANT

Signature of *PRESIDENT or VICE-PRESIDENT* **Date**