

**City of Lambertville
Taxi Licenses**

COMPANY NAME: _____

TRADE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

NAME OF AUTHORIZED PERSON TO SIGN ON THE BEHALF OF THE COMPANY:

DRIVERS LICENSE NUMBER: _____

STATE ISSUED: _____ EXPIRATION DATE: _____

STATE OF NEW JERSEY, MVC CORP CODE: _____

FEDERAL TAX ID NUMBER: _____

PRINCIPAL PLACE OF BUSINESS: _____

LOCATION OF VEHICLES: _____

CITY: _____ STATE: _____ ZIP: _____

ATTACHMENTS:

- Copy of State of New Jersey Business Registration
- Copy of State of New Jersey Sales Tax Certificate
- Copy of Insurance Policy reflecting the names of the employees/drivers
- Fingerprinting Results of Drivers/Employees

RESERVED FOR CLERK'S OFFICE DATE RECEIVED		
LICENSING OFFICIAL		
REVIEW DETERMINED	QUALIFIED	NOT QUALIFIED

TAXI APPLICATION FORM

YEAR _____ MAKE _____ MODEL _____

VIN # _____ LICENSE # _____

COLOR _____ HOW LONG _____

IN SERVICE _____

LOCATION WHERE VEHICLE
CAN BE INSPECTED _____

YEAR _____ MAKE _____ MODEL _____

VIN # _____ LICENSE # _____

COLOR _____ HOW LONG _____

IN SERVICE _____

LOCATION WHERE VEHICLE
CAN BE INSPECTED _____

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YEAR _____ MAKE _____ MODEL _____

VIN # _____ LICENSE # _____

COLOR _____ HOW LONG _____

IN SERVICE _____

LOCATION WHERE VEHICLE
CAN BE INSPECTED _____

Attach a full copy of the current insurance policy which covers the period of time of the license.
Both Liability and Personal Injury coverage must be provided.

Attach a copy of the driver's license and finger printing record of each operator, registration of each vehicle and any other papers that could be pertinent to prove your application.

Please note: the insurance policy must include each vehicle insured and the name and drivers' license number of all drivers.

I hereby certify that the information provided in this application is true and correct and that:

____ I am a citizen of the United States or, if not, have declared my intention to become a citizen and that I am a person of good moral character and have not been convicted of any crime involving moral turpitude within the past ten years: or

____ I represent a corporation that is incorporated or is duly authorized to do business under the laws of the State of New Jersey and that all members of this corporation or partnership are persons of good moral character and have not been convicted of any crime involving moral turpitude within the past ten years.

____ I comply with all provisions of the State of New Jersey Statutes, including but not limited to title 48 and title 39.

____ I am qualified to own and operate a Limousine Company with a registered business with the State of New Jersey, all information provided in this application is true and correct, and that I am fully insured.

Signature

Name: _____

Title with the Company: _____

Date submitted: _____

POLICE DEPARTMENT COMMENTS AND APPROVAL:

OFFICER BADGE NUMBER: _____ DATE: _____

APPROVED: _____ DENIED: _____

REASON FOR DENIAL: _____

LICENSING AGENT FOR THE CITY OF LAMBERTVILLE:

DATE: _____

SIGNATURE: _____ TITLE: _____