

**BOROUGH OF NEW PROVIDENCE
TAXI/LIMOUSINE/LIVERY PERMIT APPLICATION**

COMPANY NAME _____

APPLICANT NAME _____

Vehicle Fee (including 1 driver): \$25.00 x ____ (# of vehicles) = \$ _____

Additional Driver Fee: \$5.00 x ____ (# of drivers) = \$ _____

Total = \$ _____

PLEASE ATTACH THE FOLLOWING ITEMS TO YOUR APPLICATION:

(Application will not be processed until all items are attached)

- DRIVER'S LICENSE** – Photocopy of the driver's license for each driver.
- REGISTRATION** – Photocopy of the registration for each vehicle.
- CERTIFICATE OF INSURANCE** – photocopy of certificate of insurance with all vehicles listed and name of company and/or driver.
- NJ BUSINESS REGISTRATION CERTIFICATE**
- FEDERAL TAX ID NUMBER**
- CERTIFICATE OF AUTHORITY TO COLLECT SALES TAX**
- CERTIFICATE OF FORMATION OR CERTIFICATE OF INCORPORATION**
- COMMERCIAL LEASE AGREEMENT OR PROOF OF OWNERSHIP FOR BUSINESS ADDRESS**
- LIMOUSINE DRIVER QUALIFICATION CERTIFICATE FROM MOTOR VEHICLE COMMISSION**
- ZONING CERTIFICATE OF OCCUPANCY**
- PAYMENT** – Check, Cash, or Credit Card (visa, mastercard, discover)

CONTACT INFORMATION

APPLICANT'S NAME (Driver #1)

FIRST NAME LAST NAME

HOME ADDRESS

STREET

CITY STATE ZIP

LIVED AT THIS ADDRESS

_____ number of years

HOME PHONE NO.

(_____) _____ CELL PHONE NO. (_____) _____

EMAIL ADDRESS

COMPANY NAME

COMPANY ADDRESS

STREET

CITY STATE ZIP

COMPANY PHONE NUMBER

(_____) _____

SUPERVISOR'S NAME (if applicable)

APPLICANT'S BACKGROUND INFORMATION

ARE YOU OVER 21 YEARS OLD: YES ___ NO ___

DRIVER'S LICENSE NO. _____

STATE DRIVER'S LICENSE ISSUED FROM _____

EXPIRATION DATE OF DRIVER'S LICENSE _____

WAS YOUR DRIVER'S LICENSE OR REGISTRATION PRIVILEGES EVER SUSPENDED OR REVOKED IN NEW JERSEY OR ANY OTHER STATE OR COUNTRY? YES ___ NO ___

IF YES, PLEASE GIVE DATE(s), PLACE(s) AND REASON(s) FOR SUSPENSION OR REVOCATION:

HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSON'S OFFENSE OR MUNICIPAL ORDINANCE?
YES ___ NO ___

IF YES, PLEASE GIVE DATE(s), PLACE(s), AND NATURE(s) OF OFFENSE(s):

* MAKE ADDITIONAL COPIES OF THIS PAGE IF THERE ARE MORE VEHICLES

VEHICLE INFORMATION

MAKE OF VEHICLE #1	_____
VEHICLE MODEL	_____
YEAR	_____
VIN NUMBER	_____
LICENSE PLATE NUMBER	_____
STATE	_____
EXPIRATION DATE	_____
INSURANCE COMPANY	_____
INSURANCE POLICY NUMBER	_____

MAKE OF VEHICLE #2	_____
VEHICLE MODEL	_____
YEAR	_____
VIN NUMBER	_____
LICENSE PLATE NUMBER	_____
STATE	_____
EXPIRATION DATE	_____
INSURANCE COMPANY	_____
INSURANCE POLICY NUMBER	_____

MAKE OF VEHICLE #3	_____
VEHICLE MODEL	_____
YEAR	_____
VIN NUMBER	_____
LICENSE PLATE NUMBER	_____
STATE	_____
EXPIRATION DATE	_____
INSURANCE COMPANY	_____
INSURANCE POLICY NUMBER	_____

* MAKE ADDITIONAL COPIES OF THIS PAGE IF THERE ARE MORE DRIVERS

ADDITIONAL DRIVERS

FULL NAME OF DRIVER #2	_____
HOME ADDRESS	_____

PHONE NUMBER	_____
DRIVER'S LICENSE NUMBER	_____
STATE DRIVER'S LICENSE ISSUED	_____
EXPIRATION DATE	_____

FULL NAME OF DRIVER #3	_____
HOME ADDRESS	_____

PHONE NUMBER	_____
DRIVER'S LICENSE NUMBER	_____
STATE DRIVER'S LICENSE ISSUED	_____
EXPIRATION DATE	_____

FULL NAME OF DRIVER #4	_____
HOME ADDRESS	_____

PHONE NUMBER	_____
DRIVER'S LICENSE NUMBER	_____
STATE DRIVER'S LICENSE ISSUED	_____
EXPIRATION DATE	_____

REFERENCES

PLEASE LIST THREE (3) REFERENCES. **DO NOT USE EMPLOYER OR RELATIVES:**

Reference #1

NAME _____

COMPLETE ADDRESS _____

PHONE NUMBER (_____) _____

EMAIL ADDRESS _____

Reference #2

NAME _____

COMPLETE ADDRESS _____

PHONE NUMBER (_____) _____

EMAIL ADDRESS _____

Reference #3

NAME _____

COMPLETE ADDRESS _____

PHONE NUMBER (_____) _____

EMAIL ADDRESS _____

APPLICANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF LAW, THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL LAWS RELATING TO OWNERSHIP, REGISTRATION, INSURANCE AND OPERATION OF VEHICLES IN THE STATE OF NEW JERSEY, AND THE PROVISIONS OF CHAPTER 239 "TAXICABS" OF THE OFFICIAL CODE OF THE BOROUGH OF NEW PROVIDENCE.

Applicant's Signature

Date

Notary Public:

State of _____

County of _____

Sworn and subscribed to me this _____ day of _____, _____.

Notary Public - Printed Name

Notary Public - Signature

Notary Seal Here

FOR OFFICE USE ONLY

COMPANY NAME _____

APPLICANT NAME _____

POLICE CHIEF RECOMMENDATION

APPLICATION IS: APPROVED _____ DENIED _____

REASON(S) FOR DENIAL:

Police Chief Signature _____ Date _____

ZONING OFFICER RECOMMENDATION

APPLICATION IS: APPROVED _____ DENIED _____

REASON(S) FOR DENIAL:

Zoning Officer Signature _____ Date _____

MAYOR AND BOROUGH COUNCIL RECOMMENDATION

APPLICATION IS: APPROVED _____ DENIED _____

REASON(S) FOR DENIAL:

Date of Borough Council Meeting

BOROUGH CLERK

PERMIT NUMBER _____ DATE ISSUED _____ EXPIRATION DATE _____

Borough Clerk Signature