

**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 SOLEMLY 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