

REVISED GENERAL ORDINANCES OF THE BOROUGH OF SAYREVILLE,
SECTION 11-1 LICENSING OF TAXICAB OWNERS

APPLICATION FOR TAXICAB OWNER LICENSE

(Fee Ordinance #69-08)

(PLEASE PRINT)

NAME OF APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____
Street City & State Zip Code

If applicant is a corporation:

Name of Corporation _____

Address of Corporation: _____

Name & Address of Registered Agent: _____

Have you ever been convicted of violating any criminal or quasi criminal statute, including traffic laws and municipal ordinances? If so, state the date and place of conviction, the nature of the offense, and the punishment imposed.

State previous experience in the transportation of passengers for hire, including the name of any other state or municipality where you have been licensed to operate a taxicab.

Has your license ever been suspended or revoked, or your application for the issuance or renewal of a license denied? If so, give reasons for denial, suspension, or revocation.

How many vehicles will be operated or controlled by you? _____

Location of any proposed depots or terminals. _____

Submit a full-color sketch showing the color scheme of the taxi cabs to be operated sand another full-color sketch of any insignia or design intended to be used to identify taxicabs.

List three (3) references as to good character, business and financial responsibility.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1)			
2)			
3)			

Give other facts you believe will show why you should be granted a license to operate a Taxicab in the Borough of Sayreville.

***** Be sure to attach one taxicab information sheet per vehicle to this form together with a copy of certificate of insurance or complete copy of insurance policy.

Signature of Applicant

Date

Fee: \$50.00 Per vehicle
 Late Fees: \$25.00 30 Days Late
 \$40.00 60 Days Late
 \$50.00 90 Days Late

FOR OFFICE USE ONLY

DATE ISSUED: _____

TOTAL AMOUNT PAID _____ \$50.00 PER VEHICLE

License # _____ - _____
 covering Vehicle plate

License # _____ - _____
 covering Vehicle plate

License # _____ - _____
 covering Vehicle plate

License # _____ - _____
 covering Vehicle plate

VEHICLE INFORMATION SHEET

COMPLETE ONE PER VEHICLE TO BE LICENSED

ATTACH CERTIFICATE OF INSURANCE,

INDICATING VEHICLE TO BE LICENSES

NAME OF BUSUINESS

YEAR: _____ MAKE: _____

MODEL: _____ BODY & STYLE: _____

COLOR: _____ NUMBER OF PASSENGERS: _____

SERIAL NO. _____ PLATE # _____

DATE OF LAST VEHICLE INSPECTION: _____, EXP DATE: _____

INSURANCE COMPANY NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

INSURANCE COMPANY PHONE #: _____

POLICY # _____ EXP. DATE: _____

FEE \$50.00 PER VEHICLE

LATE FEES: \$25.00 30 Days Late

\$40.00 60 Days Late

\$50.00 90 Days Late

Signature of applicant

Date Issued: _____

Fee Paid: _____

License Number Issued: _____

APPLICATION FOR TAXI DRIVER'S LICENSE

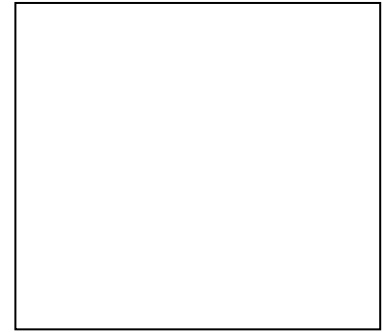
NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

DRIVERS LICENSE #: _____



Applicant's Photo

IS IT A CONDITIONAL LICENSE? _____ YES - _____ NO

LICENSE EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY CRIMINAL OR QUASI-CRIMINAL STATUTE, INCLUDING TRAFFIC LAWS AND MUNICIPAL ORDINANCES? _____
IF SO, STATE THE DATE AND PLACE OF CONVICTION, THE NATURE OF THE OFFENSE, AND PUNISHMENT IMPOSED.

STATE PREVIOUS EXPERIENCE IN THE TRANSPORTATION OF PASSENGERS FOR HIRE, INCLUDING THE NAME OF ANY OTHER STATE OR MUNICIPALITY WHERE YOU HAVE BEEN LICENSED TO OPERATE A TAXICAB. _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED, OR APPLICATION FOR THE ISSUANCE OR RENEWAL OF A LICENSE DENIED? _____
IF SO, GIVE REASONS FOR DENIAL, SUSPENSION OR REVOCATION.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT I AM FULLY ACQUAINTED WITH THE ORDINANCES UNDER WHICH THIS APPLICATION IS MADE AND AGREE TO DRIVE A TAXICAB AT ALL TIMES IN ACCORDANCE WITH THE ORDINANCES ENTITLED, "AN ORDINANCE TO LICENSE AND REGULATE THE USE OF TAXICABS WITHIN THE BOROUGH OF SYAREVILLE AND TO LICENSE TO OPERATES THEREOF, AND TO PROVIDE PENALTIES FOR THE VIOLATION THEREOF."

FEE: \$25.00
\$25.00 30 Days Late
\$40.00 60 Days Late
\$50.00 90 Days Late

Signature

Approved by the Governing Body on _____, 20____.
License # _____ Issued on this _____ day of _____, 200____.