

APPLICATION FOR TAXI DRIVER'S LICENSE

FEE - \$15.00
TOWNSHIP OF HAZLET
Monmouth County, N.J.

License No. _____
Issued _____

No. _____

ALL QUESTIONS IN THIS APPLICATION MUST BE FULLY AND TRUTHFULLY ANSWERED, OTHERWISE APPLICANT WILL RECEIVE "NO" CONSIDERATION.

I, the undersigned, hereby apply for a license to drive a taxicab in the Township of Hazlet and for that purpose file the following photograph and description of myself, and give the following answers to the questions contained in this application.

1. What is your full name? _____
2. Date of Birth _____
3. Social Security Number _____
4. N.J. License Number _____
5. Where do you live? _____
_____ Phone Number _____
6. Where have you lived for the past five years? (Give address) _____

7. Where were you born? _____
8. Are you a citizen of the United States? _____
9. If naturalized, show naturalization papers _____
Date Number Location of Court
10. Are you addicted to the use of intoxicating liquors or any drug forming habit? _____
11. Has any license heretofore issued to you by the Township of Hazlet ever been suspended or revoked? (If so, give particulars) _____

12. How long have you been a licensed driver of N.J. _____

13. Give all names and addresses of taxicab owners by whom you have been employed? _____

14. Has your driver's license ever been revoked? _____ (If so, for what cause) _____

15. Give the names and addresses of your employers and your occupation, for the past five years. "This information MUST be given"

DATE	EMPLOYER	ADDRESS	OCCUPATION
------	----------	---------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Have you ever been arrested or summoned to court on ANY charge? (Give particulars and disposition of EVERY case) _____

PERSONAL DESCRIPTION

PHOTOGRAPH

- (a) Color _____
- (b) Sex _____
- (c) Height _____
- (d) Weight _____
- (e) Eye Color _____
- (f) Hair Color _____
- Date of Photograph _____

PHYSICIAN’S REPORT MUST ACCOMPANY THIS APPLICATION

(NOTARIES: You will please exercise extreme care in filling out the following affidavit).

STATE OF NEW JERSEY
 TOWNSHIP OF HAZLET ss:
 COUNTY OF MONMOUTH

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab driver’s license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief and that he/she will report in writing to this office any change in address that may occur while this license remains in force.

Sworn to before me, this _____

day of _____ 20__

Notary Public

My Commission Expires _____

VOUCHER FROM LAST EMPLOYER

1. How long was the applicant herein mentioned in your employ? _____
2. What were his/her duties? _____
3. What was the date of the termination of such employment _____
4. What was the reason for his leaving your employ? _____

5. Would you recommend the applicant as a fit person to drive a public taxicab? _____

Date: _____ Signature: _____

Address _____

FURNISH TWO VOUCHERS IN MATTER OF REPUTATION

VOUCHER #1

NOTE: The voucher of no person will be accepted for more than operator, nor can person engaged in or associated with taxicab operating act as voucher.

1. Is the applicant related to you? _____ Give Particulars _____

2. Has the applicant ever been in your employ? _____
3. Would you employ him now, if opportunity offered? _____

Date: _____ Signature: _____

Address: _____

VOUCHER #2

NOTE: The voucher of no person will be accepted for more than operator, nor can person engaged in or associated with taxicab operating act as voucher.

1. Is the applicant related to you?_____ Give Particulars_____
- _____
4. Has the applicant ever been in your employ?_____
5. Would you employ him now, if opportunity offered?_____

Date:_____

Signature:_____

Address:_____

I hereby recommended and approve granting of this taxicab driver's license.

Dated:_____

Recommended Approval:

Approved:

Chief of Police

Licensing Agent

TOWNSHIP OF HAZLET
MONMOUTH COUNTY, N.J.

REPORT OF PHYSICAL EXAMINATION
OF APPLICANT FOR A LICENSE TO OPERATE A TAXICAB

TO THE TOWNSHIP CLERK

I have examined _____

Address _____

and make the following report:

Eyesight _____

Hearing _____

Heart _____

Are there any indications to show that the applicant is subject to:

Epilepsy _____

Vertigo _____

Are there any infirmities in body or mind which in the opinion of the physician, would render the applicant unfit to operate a taxicab? If any, please give detailed information

Physician's Signature _____

Address _____