

HAZLET TOWNSHIP  
MONMOUTH COUNTY, NJ

TAXI OWNERS LICENSE APPLICATION

All taxicab licenses shall begin on the first day of July of each year and terminate on the first day of July of the next year.

LICENSE FEE \$50.00 PER VEHICLE

INDIVIDUAL OWNER

Name \_\_\_\_\_

Home Address \_\_\_\_\_

the undersigned, hereby applies for a license to operate a public taxicab or taxicabs as described below, in the Township of Hazlet

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

N.J. Drivers License No. \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Give your last address \_\_\_\_\_

**THE FOLLOWING QUESTIONS MUST BE ANSWERED**

Are you covered by insurance as required by Chapter 231, Laws of 1926 and Acts amendatory or supplemental thereto? \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Insurance Expiration Date: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Where Born? \_\_\_\_\_

If naturalized, when and where? \_\_\_\_\_  
Date Number Location of Court

**IF CO-PARTNERSHIP THE FOLLOWING QUESTIONS MUST BE ANSWERED**

Give firm name \_\_\_\_\_

Main office address \_\_\_\_\_

Branch offices \_\_\_\_\_

Give names and addresses of partners:

\_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ residing at \_\_\_\_\_

Are all partners citizens of the United States? \_\_\_\_\_

If naturalized, when and where? \_\_\_\_\_

| Date | Number | Location of Court |
|------|--------|-------------------|
|------|--------|-------------------|

Have any of the above described individuals ever been arrested or summoned to Court?

Give particulars and disposition of every case \_\_\_\_\_

\_\_\_\_\_

How many licenses are being applied for? \_\_\_\_\_

Give address where all vehicles are to be kept \_\_\_\_\_

Are you the owner or lessee of said vehicle? \_\_\_\_\_

Are you a member of any cab company or any co-operative or operating association? \_\_\_\_\_

If so, what is the name of same \_\_\_\_\_

THE FOLLOWING CERTIFICATE **MUST** BE FILLED OUT IF THE APPLICANT IS OPERATING UNDER ANY OTHER BUT HIS OWN NAME

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, there was filed in the office of the Clerk of the County of \_\_\_\_\_, a certificate setting forth the above name under which this business is to be conducted, together with the full names and addresses of the owners, a certified copy of which is herewith attached.

\_\_\_\_\_  
Signature of Applicant

INDIVIDUAL APPLICANTS AFFIDAVIT

NOTARIES: YOU WILL PLEASE EXERCISE EXTREME CARE IN FILLING OUT THE FOLLOWING AFFIDAVITS

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 license; that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

(Signed)\_\_\_\_\_

Sworn to me, this \_\_\_\_\_

Res. Address\_\_\_\_\_

day of \_\_\_\_\_ 20\_\_\_\_\_

Bus. Address\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PARTNERSHIP APPLICANT'S AFFIDAVIT  
TO BE FILLED OUT WHERE PARTNERSHIP APPLICATIONS ARE MADE

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

\_\_\_\_\_ being duly sworn, deposes and says that he/she is one of the partners of the firm of \_\_\_\_\_ which said company is making the foregoing application for a taxicab license; that the answers to the foregoing questions and other statements contained therein are true, to the best of his knowledge and belief.

(Signed)\_\_\_\_\_

Sworn to me, this \_\_\_\_\_

Res. Address\_\_\_\_\_

day of \_\_\_\_\_ 20\_\_\_\_\_

Bus. Address\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ATTACH SCHEDULE OF FARES TO BE CHARGED  
**(APPLICATION WILL BE DEEMED INCOMPLETE IF  
SCHEDULE IS NOT ATTACHED)**

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I HEREBY RECOMMEND AND APPROVE GRANTING OF THIS TAXICAB  
OWNERS LICENSE.

DATED \_\_\_\_\_

RECOMMEND APPROVAL

APPROVED

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
LICENSING AGENT

VEHICLE #1

Insurance Company

\_\_\_\_\_

Policy Number\_\_\_\_\_

Serial Number\_\_\_\_\_

State Reg. Number\_\_\_\_\_

Make of cab\_\_\_\_\_

Year\_\_\_\_\_

Color\_\_\_\_\_

\_\_\_\_\_

VEHICLE #3

Insurance Company

\_\_\_\_\_

Policy Number\_\_\_\_\_

Serial Number\_\_\_\_\_

State Reg. Number\_\_\_\_\_

Make of cab\_\_\_\_\_

Year\_\_\_\_\_

Color\_\_\_\_\_

VEHICLE #2

Insurance Company

\_\_\_\_\_

Policy Number\_\_\_\_\_

Serial Number\_\_\_\_\_

State Reg. Number\_\_\_\_\_

Make of cab\_\_\_\_\_

Year\_\_\_\_\_

Color\_\_\_\_\_

VEHICLE #4

Insurance Company

\_\_\_\_\_

Policy Number\_\_\_\_\_

Serial Number\_\_\_\_\_

State Reg. Number\_\_\_\_\_

Make of cab\_\_\_\_\_

Year\_\_\_\_\_

Color\_\_\_\_\_