

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 Has your driver's license ever been revoked?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
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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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 \_\_\_\_\_