



MUNICIPAL COMPLEX • PISCATAWAY, N.J. 08854
TOWNSHIP OF PISCATAWAY

TOWNSHIP OF PISCATAWAY, COUNTY OF MIDDLESEX
455 HOES LANE, PISCATAWAY, NJ 08854
TAXICAB OWNERS APPLICATION
FEE \$100.00

FULL NAME OF APPLICANT: _____

DATE: _____ AMOUNT PAID: _____

NEW JERSEY DRIVERS LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ EMPLOYER: _____

LIST HOME ADDRESSES FOR THE LAST FIVE (5) YEARS:

PERSONAL DESCRIPTION:

AGE: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____

MARTIAL STATUS: _____ HAIR COLOR: _____ EYE COLOR: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CITIZEN: _____ NATURALIZATION NUMBER: _____

NATURALIZED (DATE): _____ WHERE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, GIVE DETAILS:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR RECOKED? _____ IF YES, GIVE
DETAILS: _____

**WHEN REQUIRED, THIS APPLICATION SHALL BE ACCOMPANIED BY A
CERTIFICATE OF A LICENSED PHYSICIAN OF THE STATE OF NEW JERSEY**

PREVIOUS EMPLOYER (S):

**THIS APPLICATION MUST BE CORRECTLY FILLED OUT AND SWORN TO.
FALSE STATEMENTS WILL BE CAUSE FOR REVOCATION OF LICENSE**

AFFIDAVIT

State of New Jersey
County of Middlesex
Township of Piscataway

I, _____, being duly sworn, deposes and says that (he/she) is the individual making the foregoing application for the TAXICAB OWNERS LICENSE, and that the answers to the questions contained therein, together with other statements, are true to the best of (his/her) knowledge and belief.

Subscribed and sworn before me this
_____ day of _____ 20__

Notary Public

Signature of Applicant

INVESTIGATION REPORT: Piscataway Police Department – Office of Director of Police

License Issued by: _____ Date: _____

PLACE PERSONAL PHOTOGRAPH ON BACK OF THIS APPLICATION

REV. LRJ/010329A

**TOWNSHIP OF PISCATAWAY, COUNTY OF MIDDLESEX
455 HOES LANE, PISCATAWAY, NJ 08854**

TAXICAB OWNERS APPLICATION

VEHICLES MUST BE INSPECTED ANNUALLY BY THE TOWNSHIP OF PISCATAWAY,
IN ADDITION TO COMPLYING WITH NEW JERSEY STATE INSPECTION LAWS.

OWNERS NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSURANCE COMPANY NAME: _____

INSURANCE POLICY NUMBER: _____

INSURANCE EXPIRATION DATE: _____

VEHICLE INFORMATION

VEHICLE #1

YEAR/MAKE OF VEHICLE

PASSENGER CAPACITY/COLOR/TYPE

NEW JERSEY REGISTRATION

VEHICLE IDENTIFICATION NUMBER (VIN#)

VEHICLE #2

YEAR/MAKE OF VEHICLE

PASSENGER CAPACITY/COLOR/TYPE

NEW JERSEY REGISTRATION

VEHICLE IDENTIFICATION NUMBER (VIN#)

VEHICLE #3

YEAR/MAKE OF VEHICLE

PASSENGER CAPACITY/COLOR/TYPE

NEW JERSEY REGISTRATION

VEHICLE IDENTIFICATION NUMBER (VIN#)

VEHICLE #4

YEAR/MAKE OF VEHICLE

PASSENGER CAPACITY/COLOR/TYPE

NEW JERSEY REGISTRATION

VEHICLE IDENTIFICATION NUMBER (VIN#)

VEHICLE #5

YEAR/MAKE OF VEHICLE

PASSENGER CAPACITY/COLOR/TYPE

NEW JERSEY REGISTRATION

VEHICLE IDENTIFICATION NUMBER (VIN#)

ATTACH PERSONAL PHOTOGRAPH WITH THIS APPLICATION

TAXI DRIVER'S LICENSES EXPIRE AT 12 MIDNIGHT ON THE 31ST DAY OF MARCH OF THE FOLLOWING YEAR OF ISSUANCE, AND ARE RENEWABLE DURING MARCH.

APPLICATION FOR A TAXICAB DRIVER'S LICENSE

FEE \$50.00

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Signature of Applicant

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REV. LRJ/991012-A

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455 HOES LANE, PISCATAWAY, NJ 08854**