

PLEASE NOTE THAT PAGE 5 AND 6 MUST BE SIGNED AND
SUBMITTED AS SOON AS POSSIBLE AFTER PRINTING THIS
APPLICATION TO THE MUNICIPAL CLERK'S OFFICE EITHER BY:

MAIL: 201 EAST MAIN STREET, MANASQUAN, NJ 08736

FAX: 732-223-1300

E-MAIL: bilaria@manasquan-nj.com

BOROUGH OF MANASQUAN
TAXI/AUTOCAB LICENSE APPLICATION
DRIVER

Purpose:

This application is to be used to apply for the right to operate within this Borough any taxi/autocab duly licensed hereunder. Such license may only be issued in the name of an individual and not in the name of a business entity.

The granting of a Taxi/Autocab Driver's License does not authorize the applicant to drive/operate any Taxi/Autocab in the Borough unless the vehicle operated is validly licensed through an application for a Taxi/Autocab Owner's License issued by the Borough.

Instructions:

This application must be completely filled out or it may be rejected. If any line or section does not apply, mark each such space with "N/A" for "not applicable". If more space for a response or explanation is needed, attach additional sheets identifying which question you are responding to. Failure to answer any question completely, accurately and truthfully may result in rejection or delay in processing the application. In the event of a falsification or misrepresentation of information, the person signing this application may be subject to criminal charges.

Photos: The applicant must submit with this application three (3) copies of color photographs size 2" x 2", front view, taken within thirty (30) days preceding the filing of the application.

SECTION 1: IDENTIFYING INFORMATION

NAME OF APPLICANT

Date of Application: _____

Last

First

MI

List any previous names used or known by (i.e. maiden name, name change etc.) or state "None".

Business Address of Affiliated taxi/autocab company (a full physical address including building/house number, street name, city, state and zip code. Post Office Boxes shall not be sufficient).

Number and Street

Unit or Suite

Post Office Box (if any)

City

_____ /

State

Zip Code

Dates: From _____ to present.

BOROUGH OF MANASQUAN
TAXI/AUTOCAB LICENSE APPLICATION
DRIVER

Applicant Name: _____

PERSONAL INFORMATION:

Present Age: ____ Date of Birth: _____ Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____ M/F _____

Place of Birth: _____

Length of time the applicant has resided in the United States: _____

Country of Citizenship: _____

Military service information:

Branch: _____ Dates of Service: _____

Were you Honorably Discharged: _____ If not, explain why:

Employment History:

List All Current Employers:

Name: _____

Address: _____

Position Held: _____

Dates of Employment: _____

Places of previous employment over the last five (5) years:

Name: _____

Address: _____

Position Held: _____

Dates of Employment: _____

Name: _____

Address: _____

Position Held: _____

Dates of Employment: _____

Name: _____

Address: _____

Position Held: _____

Dates of Employment: _____

BOROUGH OF MANASQUAN
TAXI/AUTOCAB LICENSE APPLICATION
DRIVER

Applicant Name: _____

SECTION 2. CRIMINAL HISTORY CHECK

I acknowledge I am required to submit a copy of my Criminal Case History within forty (40) days of securing the application and agree to submit same.

Applicant's Signature

BOROUGH OF MANASQUAN
TAXI/AUTOCAB LICENSE APPLICATION
DRIVER

Applicant Name: _____

SECTION 3. DRIVER'S LICENSE INFORMATION

Driver's License Number: _____

State of Issue: _____

Number of Years Driving: _____

I acknowledge I am required to submit a copy of New Jersey Drivers History Abstract within forty (40) days of securing the application and agree to submit same.

Applicant's Signature

BOROUGH OF MANASQUAN
TAXI/AUTOCAB LICENSE APPLICATION
DRIVER

Applicant Name: _____

SECTION 4. COURT PROCEEDINGS

Have you at any time ever been convicted of driving under the influence? _____

If yes, provide:

Date: _____ Location: _____

Name of Police/Other Agency: _____

Violation Charged: _____

Disposition: _____

Fine: _____

Suspension: _____ Length: _____

(Add additional pages if necessary)

Other Taxi/Autocab Licenses:

Have you previously been licensed to own or operate a taxi/autocab? _____

If yes, provide:

Jurisdiction licensed: _____

License Number or other identifying information: _____

Has any driver's license held by you to either own or operate a taxi/autocab ever been revoked or suspended? _____

If yes, provide:

Jurisdiction: _____ Explanation of cause of revocation or suspension of taxi license:

Details of Disposition:

BOROUGH OF MANASQUAN
TAXI/AUTOCAB LICENSE APPLICATION
DRIVER

Applicant Name: _____

SECTION 5. CERTIFICATION

CERTIFICATION

The applicant must also furnish any additional information requested by Borough officials in order to enable the Mayor and Council to decide whether the license should be issued.

By signing this application, applicant hereby consents to and agrees to submit to a state and federal criminal history check and a motor vehicle history check, either by fingerprinting, live scan or other methods through the State vendor, at the Borough's sole discretion, which shall be forwarded to the Borough at the cost and expense of the applicant.

Applicant acknowledges that applicant is familiar with and shall comply with the provisions of Borough Ordinance 2098-11 regarding the licensing of and operation of taxi/autocabs in the Borough of Manasquan.

I certify the foregoing statements are true. I further certify that if any of the foregoing statements are willfully false I am subject to punishment.

(Signature of Applicant)

Date: _____

Name of Applicant Printed

BOROUGH OF MANASQUAN
TAXI/AUTOCAB LICENSE APPLICATION
PHYSICIAN'S CERTIFICATE

Instructions:

This certificate must be completed and submitted with all applications for taxi/autocab driver's licenses. The form may only be completed by a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO).

=====

Name of Applicant:

Name of Examining physician/medical doctor:

Address:

Date of Examination:

Certification of Physician

I hereby certify that I have examined the above named applicant and in my medical opinion _____ (Name of Applicant) is fit for the safe operation of a taxi/autocab.

Dated:

Signature of Examining Physician