

**BOROUGH OF MANASQUAN**  
**TAXI/AUTOCAB LICENSE APPLICATION**  
**OWNER**

**Purpose:**

This application is to be used to apply for the right to license one specific vehicle as a taxi/autocab. In the event an applicant is applying to license more than one vehicle, or is already licensed for the applicable license year as an owner, the applicant shall complete and submit Section 4 through Section 7 for each additional vehicle. Nothing herein is intended to modify the Borough requirement that each vehicle be required to be licensed under a single Taxi/Autocab Owner's License. Fees are set forth in applicable ordinances and resolutions shall apply for each vehicle. Any Taxi/Autocab Owner's License hereunder shall apply to one vehicle. The granting of a Taxi/Autocab Owner's License does not authorize the applicant to drive/operate any Taxi/Autocab; a Taxi/Autocab Driver's License must be applied for and issued by the Borough in order to operate the licensed vehicle.

**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. If applicant is a corporate/business entity, submit photos of the principal completing and signing this application.

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**SECTION 1: IDENTIFYING INFORMATION**

**NAME OF APPLICANT** **Date of Application:** \_\_\_\_\_  
(If Applicant is an Individual, not a corporate or business entity):

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Last First MI

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

\_\_\_\_\_

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Applicant Name: \_\_\_\_\_

If Applicant is a Corporate Applicant:

Name of Business: \_\_\_\_\_

Type of Business entity (i.e. Corp., LLC, etc): \_\_\_\_\_ Tax ID No. \_\_\_\_\_

Company name, as registered with the New Jersey Secretary of State and/or Monmouth County Clerk: \_\_\_\_\_

Date of incorporation or formation: \_\_\_\_\_

Is the business currently valid under the laws of the State of New Jersey: \_\_\_\_\_

**All Applicants** complete the following:

Business Address (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.

List All Previous addresses for the last five (5) years:

From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Number and Street Unit or Suite

\_\_\_\_\_  
Post Office Box (if any)

\_\_\_\_\_  
City State / Zip Code

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Applicant Name: \_\_\_\_\_

Is applicant a corporation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give names and addresses of board of directors, and address of corporation:

Name	Address

Is applicant a partnership? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give names and address of all partners:

Name	Address

If any licensed vehicles are mortgaged, give name and address of mortgagee, vehicle serial number, amount of mortgage and fulfillment date:

Name	Address	VIN #	\$	Fulfillment Date

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Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the Borough of Manasquan pertaining to the licensing and regulating of taxi/autocabs in the Borough of Manasquan, and agrees to abide by these ordinances.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Subscribed and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_



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**PERSONAL INFORMATION:**

Present Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ M / F \_\_\_\_\_  
Copy of Driver's License Attached? Yes \_\_\_\_ No \_\_\_\_  
Place of Birth: \_\_\_\_\_

Length of time the applicant has resided in the United States: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

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**Military service information:**

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Were you Honorably Discharged: \_\_\_\_\_ If not, explain why:

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**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: \_\_\_\_\_

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**SECTION 2. COURT PROCEEDINGS**

Have you ever been charged with, arrested or convicted of a crime or other violation of law including municipal ordinances other than for parking? \_\_\_\_\_

If so, for each crime or offense set forth:

Charges: \_\_\_\_\_

Date: \_\_\_\_\_ Law Enforcement/Other Agency \_\_\_\_\_

Court: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition of each charge: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Charges: \_\_\_\_\_

Date: \_\_\_\_\_ Law Enforcement/Other Agency \_\_\_\_\_

Court: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition of each charge: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

(Add additional pages if necessary)

Are you currently on probation or parole? \_\_\_\_\_

If yes, provide details of charges, disposition and any conditions of probation or parole.

Name of Agency supervising applicant: \_\_\_\_\_

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**SECTION 3. DRIVER'S LICENSE INFORMATION**

(Add additional pages if necessary)

Attach a copy of your driver's license

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Number of Years Driving: \_\_\_\_\_

Have you been/or are you currently 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 either to own or operate a taxi/autocab ever been revoked or suspended: \_\_\_\_\_

If yes, provide:

Jurisdiction: \_\_\_\_\_ Explanation of cause of revocation or suspension of taxi/autocab license:

Details of Disposition:

List all moving violations in the past ten (10) years:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Police/Other Agency: \_\_\_\_\_

Violation Charged: \_\_\_\_\_

Disposition: \_\_\_\_\_

Fine: \_\_\_\_\_

Suspension: \_\_\_\_\_ Length: \_\_\_\_\_

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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: \_\_\_\_\_

Has your driver's license to operate a vehicle in any state ever been suspended or revoked? \_\_\_\_\_

If yes, provide:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Police/Other Agency: \_\_\_\_\_

Violation Charged: \_\_\_\_\_

Disposition: \_\_\_\_\_

Fine: \_\_\_\_\_

Suspension: \_\_\_\_\_ Length: \_\_\_\_\_

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**SECTION 4. INSURANCE**

If applicant's principal place of business is located within the Borough of Manasquan:

Attach to this application a copy of the insurance policy required by N.J.S.A. 48:16-3 et seq., covering the taxi/autocab sought to be licensed as well as the declaration page of the insurance policy consistent with the policy limit requirements enumerated in Borough Ordinance 2098-11. The policy limits required for licensing are \$100,000.00 combined single limit coverage.

All Applicants:

Attach a duplicate taxi/autocab insurance certificate issued pursuant to N.J.S.A. 48:16-7 by the Clerk of the municipality within which the applicant's principal place of business is located documenting said filing. A photocopy is not acceptable and the applicant must provide the original duplicate certificate as issued by said Clerk. Applicant must attach proof that said duplicate certificate has also been filed with the New Jersey Motor Vehicle Commission.

The insurance policy must provide coverage for every driver of each vehicle listed in the policy. Indicate on the submitted copy of the Insurance Policy by circle, highlight or underline the section of the policy documenting that the vehicle (by vehicle identification or other means) sought to be licensed is covered.

In the event the policy is cancelled for any reason, a notice of such action must be delivered to the Borough Clerk twenty (20) days prior to the effective date by the insurance company providing coverage to the owner. It shall be the owner's responsibility to ensure that the insurance company is noticed of and complies with this requirement.

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Liability Limit: \_\_\_\_\_

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**SECTION 5. CORPORATE / BUSINESS APPLICANTS OTHER THAN INDIVIDUAL OWNER / OPERATOR / SOLE PROPRIETOR**

In the event applicant is a corporation, limited liability company, partnership or other business entity other than an individual owner / operator / sole proprietor, all principals, partners, shareholders, officers or directors must be included in this application. The information requested in this section is required for each owner, principal, partner, shareholder, officer and/or director. Use additional copies of this page/section for each individual.

All individual partners, officers, stockholders or directors shall be required to consent to and submit to a state and federal criminal history check, either by fingerprinting or live scan through Morphotrak, Inc. ( a private company under contract with the State of New Jersey) or whoever vendor under contract is at the time, at the Borough's sole discretion, which shall be forwarded to the Borough at the cost and expense of the applicant.

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**SECTION 6. VEHICLE INFORMATION**

(Complete this Section for each specific vehicle sought to be licensed. *Use additional copies of this Section for each additional vehicle.* See Ordinance 2098-11 for additional fees per additional vehicle).

Vehicle Identification Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Body Type: \_\_\_\_\_

Maximum Passenger Capacity: \_\_\_\_\_

License Plate: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Registration Expires: \_\_\_\_\_

Length of time the vehicle has been in use: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Attach a copy of current vehicle registration.

Attach a copy of vehicle title.

Is the applicant the owner, lessee or bailee of the taxi/autocab sought to be licensed?

Owner: \_\_\_\_\_ Lessee: \_\_\_\_\_

Other (Explain):

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**SECTION 7. 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. Applicant agrees to prominently display the license issued by the Borough of Manasquan within the taxi/autocab so it is open to view of passengers in the vehicle.

Hold Harmless: This application and the acceptance of the policy by the Borough and the issuance of the license by the Borough shall constitute an agreement by and between the applicant and the Borough that the applicant holds and saves harmless the Borough from any and all claims from damages arising out of personal injury and/or property damage made by third parties as the result of the issuance of the license and the operation of the taxi/autocab.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Name of Applicant Printed

\_\_\_\_\_  
Title of Individual Signing for Corporate Applicant