

TAXI LICENSE APPLICATION

NAME _____ NJ DRIVER'S LICENSE # _____

STREET ADDRESS _____ TOWN _____

HOME PHONE _____ CELL PHONE _____ DOB _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

COMPANY TO BE EMPLOYED BY _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR QUASI-CRIMINAL STATUTE INCLUDING MUNICIPAL ORDINANCES? NO _____ YES _____ IF YES, EXPLAIN INCLUDING DATE, LOCATION AND NATURE OF OFFENSE _____

HAVE YOU BEEN CONVICTED OF ANY TRAFFIC VIOLATION IN THE PAST THREE YEARS? NO
YES _____ IF YES, EXPLAIN INCLUDING DATE, LOCATION AND NATURE OF OFFENSE _____

HAVE YOU EVER APPLIED FOR OR BEEN GRANTED A LICENSE TO OPERATE A TAXI? NO _____
YES _____ IF YES, EXPLAIN WHERE AND WHEN _____

~~HAS YOUR LICENSE TO OPERATE A TAXI EVER BEEN SUSPENDED, REVOKED OR DENIED IN~~
ANY JURISDICTION? NO _____ YES _____ IF YES, EXPLAIN WHERE, WHEN AND THE
REASON FOR THE ACTION TAKEN _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? NO _____ YES _____
IF YES, EXPLAIN WHERE, WHEN AND THE REASON FOR THE ACTION TAKEN _____

DO YOU HAVE ANY CRIMINAL OR MOTOR VEHICLE OFFENSES PENDING IN ANY STATE? NO
YES _____ IF YES, EXPLAIN WHERE, WHEN AND NATURE OF OFFENSE _____

DO YOU HAVE ANY PHYSICAL OR MENTAL HANDICAPS THAT WOULD PREVENT YOU FROM
SAFELY OPERATING A MOTOR VEHICLE? NO _____ YES _____ IF YES, EXPLAIN _____

LIST THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE REFERENCES NOT RELATED
TO THE APPLICANT.

BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT HE/SHE HAS TRUTHFULLY AND
COMPLETELY PROVIDED ALL REQUIRED INFORMATION. THE APPLICANT FURTHER
UNDERSTANDS THAT IF ANY INFORMATION PROVIDED OR STATEMENT MADE IS FOUND TO
HAVE BEEN MADE WILLFULLY FALSE OR INCOMPLETE, THE APPLICANT MAY BE SUBJECT
TO CRIMINAL PENALTIES IN ADDITION TO THE DENIAL OF THIS APPLICATION. THE
APPLICANT ALSO AUTHORIZES THE BOUND BROOK POLICE DEPARTMENT TO CONDUCT A
THOROUGH BACKGROUND INVESTIGATION.

APPLICANT SIGNATURE _____ DATE _____

ATTACH PHOTO HERE

SUBMIT THREE COPIES

EMPLOYMENT RECORD FOR THE PAST FIVE YEARS:

DATES OF EMPLOYMENT: FROM _____ TO _____
NAME OF COMPANY: _____
ADDRESS: _____
CITY: _____ STATE _____
POSITION HELD: _____
SUPERVISOR'S NAME: _____ PHONE _____

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ADDRESS: _____
CITY: _____ STATE _____
POSITION HELD: _____
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NAME OF COMPANY: _____
ADDRESS: _____
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USE BACK IF ADDITIONAL SPACE IS NEEDED