

**TOWNSHIP OF DENVILLE**

1 St. Mary's Place, Denville (Morris County), NJ 07834

**APPLICATION FOR TAXICAB LICENSE**

All taxicab licenses shall take effect on the day of issuance and shall expire on the December 31<sup>st</sup> of that license year.

All questions must be answered fully and truthfully or the application will not be processed.

Please type or print clearly. If more space is needed, please attach separate page(s).

Initial Application:

Renewal Application:

**Applicant Information:**

Full Name: \_\_\_\_\_  
First Middle Name/Initial Last

Permanent Home Address:

Street City State Zip

If you have not resided at the above address for more than 5 years, please provide home address(es) for 5 years:

Street City State Zip

Street City State Zip

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye/Hair Color: \_\_\_\_\_

Are you a U.S. Citizen? Y / N If not, are you a Legal Resident Alien? Y / N

NJ State Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your Driver's License ever been suspended or revoked? Y / N  
If yes, why: \_\_\_\_\_

Have you ever been convicted of a crime, misdemeanor, or violation of any municipal ordinance? Y / N Any pending charges? Y / N  
If yes to either of the above, what charges / punishment or penalty assessed: \_\_\_\_\_

**AFFIDAVIT:**

State of New Jersey :  
County of

I, \_\_\_\_\_, am applying to operate a taxicab in the Township of Denville. I understand that I have to provide fingerprints and will be subject to a criminal background check by the Denville Township Police Department.

By signing below, I certify that I am the applicant above, that I am at least 21 years of age, that the responses provided above are true and that all the documents provided are true and exact copies of the original document. I have not willfully provided false information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Public

**TAXICAB COMPANY and OWNER INFORMATION:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

Will the vehicle be kept at this address? Y / N

If no, Address where vehicle will be kept: \_\_\_\_\_  
Street City State Zip

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

Company Owner's Name: \_\_\_\_\_  
First Last

Company Owner's Address: \_\_\_\_\_  
Street City State Zip

Company Owner's Phone Number: \_\_\_\_\_

Is there more than one owner of the Taxicab Company? Y / N

If yes, please provide, on a separate sheet, the Name and Address of all people having ownership interest in the Taxicab Company.

Is the Taxicab Company a Corporation? Y / N

If yes, provide a copy of proof that the corporation is either incorporated in the State of New Jersey or authorized to do business in New Jersey

Insurance Company Name/Agent: \_\_\_\_\_

Insurance Company/Agent Address: \_\_\_\_\_  
Street City State Zip

Insurance Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VEHICLE INFORMATION:**

Vehicle 1: Owned / Leased If leased, please provide copy of lease agreement

Year Make Model Color Number of Passengers Allowed

VIN Number NJ Registration

Vehicle 2: Owned / Leased If leased, please provide copy of lease agreement

Year Make Model Color Number of Passengers Allowed

VIN Number NJ Registration

Vehicle 3: Owned / Leased If leased, please provide copy of lease agreement

Year Make Model Color Number of Passengers Allowed

VIN Number NJ Registration

*Additional Vehicles should be listed on separate page.*

Please check website: [www.denvillenj.org](http://www.denvillenj.org) General / Adopted Ordinance for information regarding our taxi regulations.

**Taxicab OWNER AFFIDAVIT**

State of New Jersey :  
County of

I, \_\_\_\_\_, being duly sworn, deposed and say that, \_\_\_\_\_ is the individual making the foregoing application for a taxicab or limousine license; that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief and, that he/she will report in writing to the office of the Township Clerk any change in address that may occur while this license remains in force and, that he/she will not permit the operation of said taxicab(s) or limousine(s) except by a duly licensed taxicab or limousine driver and, he/she signed the foregoing application for and on behalf of the said \_\_\_\_\_  
\_\_\_\_\_.

Signature: \_\_\_\_\_

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

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

\_\_\_\_\_  
Notary Public

All of the following documents MUST be provided at the time of Application

Checklist:

2 Original copies of Application, Notarized, with supporting documentation.

- Copy of Applicant's Valid NJ Driver's License.
- Three passport size photos of Applicant taken within the last 60 days.
- Proof that Applicant is a U.S. Citizen or Legal Resident Alien.
- If an owner - Full copy of the Automobile Liability Insurance Policy with required insurance limits as set forth in the Township General Ordinances, showing driver/vehicles are listed as insured.
- Power of Attorney pursuant to N.J.S.A. 48:16-5.
- Copy of Lease Agreement(s) for those vehicles being leased.

Fees (yearly):

- o Taxicab License (per cab)           \$50.00
- o Taxicab Driver                         \$20.00
- o For applications submitted after 9/1 of any year – fee(s) is half price of the above.

The following information must be submitted to the Police Department:

- Fingerprinting done at a facility designated by the Police Department – for Criminal Background Check
  - o Applicant
  - o All Partners, if applicable
  - o All Officers in the Corporation, if applicable
- Test results for the presence of Controlled Dangerous Substances within 30 days of filing this Application.
- Copy of Applicant's driver abstract from the New Jersey Motor Vehicle Commission submitted to the Denville Police Department.

*Initial applications only:*

- Copy of the Zoning Approval to operate a business at the address listed above
- Approval of Township Council by Resolution (Municipal Clerk will set meeting)

Vehicles must be inspected yearly at the time of renewal.