APPLICATION FOR TAXICAB DRIVER'S LICENSE – CHECKLIST

APPLICATION

- Requires to be signed by the owner of the company whom you will be employed
- Signed by applicant and notarized
- Town of Dover Police Department Form

MOTOR VEHICLE ABSTRACT

• Abstract must be within **30 days** of the filling of application

DRUG TEST RECEIPT

Receipt/results must be within **30 days** of application

FINGERPRINT RECEIPT

COPY OF DRIVERS LICENSE

Two (2) passport size photos

Payment:

- \$100.00 NEW or RENEWAL License fee
- \$40.00 LOST/REVISED (Application only required)



OFFICE OF THE MUNICIPAL CLERK APPLICATION FOR TAXICAB DRIVER'S LICENSE

NEW RENEWAL **REPLACE/REVISED**

All Taxicab Driver's Licenses shall begin on the first day of June each year and terminate on the thirty-first day of the May next succeeding.

All questions on this application must be fully and truthfully answered; otherwise applicant will receive NO consideration.

	NEW LICENSE FEE RENEWAL OF LICENSE FEE REPLACEMENT FOR LOST LICENSE FEE FINGERPRINTING PERFORMED BY MORPHOT	\$100.00 \$100.00 \$40.00 FRAK				
		DATE				
	I, the undersigned, hereby apply to the Municipal Clerk for a license to dri	ve a taxicab in the Town of Dover, and for that				
pur	pose, file the description of myself, and give the following answers to the questi	ons contained in this application:				
1.	What is your full name?					
2.	Address					
3.	Phone Number					
4.	Where have you lived for the past five years? (Give addresses and dates)					
5.	What is your age? 6. Are you married or single? O M	arried O Single				
7.	Are you addicted to the use of intoxicating liquor or any drug? O Yes	o No				
8.	Has any license issued to you by the Town of Dover ever been suspended or revoked? O Yes O No					
9.	What is your State Driver's License Number?					
10.	Have you ever been arrested or summoned to court on any charge? (Give particulars and disposition of every such case.) The question means NOT ONLY traffic arrests but arrests and summons of EVERY violation which applicant has committed against the law.					

	Give the name and Dates	address of your employers a Emplo	•	the past five (5) ye Address	ears: Occupation		
12.	Do you have child s	support obligations? O	Yes O No	If no, proceed to	Number 14.		
13. Are child support obligations current pursuant to N.J.S.A. 2A:17-56.41? O Yes O No							
14. By whom will you be employed?							
	Signature of Compa	any Owner					
15.	Personal Description	n:					
(a) I	Race	(d) Weight	(g) Date of Bin	th	(j) Birth Place		
(b) \$	Sex	(e) Eye Color	(h) Soc. Sec. 1	No	(k) Other		
(c) I	Height	(f) Hair Color	(i) Scars, Mai	·ks, etc			
16.	Name and address of	of Nearest Relative					
Точ	e of New Jersey n of Dover nty of Morris)) SS.)					
his o		b Driver's license; that the a belief and that he will report	answers to foregoing qu	estions and other st	the individual making the foregoing tatements contained therein are true of ange in address that may occur while this		
				(Ap	plicant's Signature)		
Swo	orn to me this	Day of					
		_, 20					
		(Notary)					
		POLICE	DEPARTME NT - TC	WN OF DOVER			
					e		
	This is to certif	fy, that the Police Departme	nt has investigated the				
(-	-	_) for a taxicab Driver's License, has		
exai	nined his State Driv	er's License and hereby rec	ommends that such lice	nse be issued.			
Lice	ense Number Issued						



TOWN OF DOVER POLICE DEPARTMENT

37 NORTH SUSSEX STREET DOVER, NEW JERSEY 07801 Telephone: (973) 366-0302 Fax: (973) 366-1813

TAX	I DRIVER APPLICANT	INCIDENT NUMBER:	MASTER NAME #			
INF	ORMATION:		1409-			
SEC	CTION 1: PERSONAL					
1.	YOUR FULL NAME					
	LAST FIRST		MIDDLE.			
2.	OTHER NAMES, INCLUDING NICKNAMES, YOU MAY HAVE U	ISED OR BEEN KNOWN BY:				
_						
3.	ADDRESS WHERE YOU RESIDE NUMBER/STREET	APT/	UNIT			
4.	MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAI	MPLE, PO BOX):				
5.	CONTACT NUMBERS HOME WORK	CEI	LULAR			
	HOWE WORK	ULI ULI				
6.	EMAIL ADDRESS					
-	HOME	WORK				
7.	CITIZENSHIP					
	Are you a U.S. citizen?					
8.	If, no are you a resident alien who is eligible and ha BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)	9. BIRTHDATE	p?□.Yes □ No 10. SOCIAL SECURITY NUMBER			
0.						
11.	DRIVERS LICENSE	12. PHYSICAL DESCRIPTION				
	NO. STATE EXP.	HEIGHT WEIGHT	HAIR COLOR EYE COLOR			
10	EMPLOYER (TAXI COMPANY)	14. BUSINESS PHONE				
13.		14. DUSINESS FROME				
15.	EMPLOYER ADDRESS					
16.	COMMENTS:					
10.						
17.	An applicant who has made a false statement, or	nission missonrosontation of	r concollment of a material fact or			
	An applicant who has made a false statement, omission, misrepresentation or concealment of a material fact, or who practices or attempts to practice any deception or fraud in securing eligibility for appointment or applicants					
	who provide answers contrary to official records may be rejected or disqualified from eligibility. Discovery of the					
	aforementioned at any time after appointment to the position may result in revocation of licensing.					
18.	"By my signature affixed below I attest that I have read and understand the above instructions and					
	warnings."					
	5					
	Signature of Applicant:		Date:			
1						

TOWN OF DOVER

Office of the Municipal Clerk 37 N SUSSEX STREET DOVER, NEW JERSEY 07801 Telephone: (973) 366-2200 x1113 Fax: (973) 328-6524



Date:

Urgent Care Medical Associates 600 Mt. Pleasant Ave Dover, NJ 07801

To Whom It May Concern:

Please be advised the following person ______ is

getting this Federal Reg. Drug Test as part of a requirement to become a Town of Dover Taxi Driver as per Ord. No. 3-2006. Please **collect the fee at time of service**, the Town of Dover **will not** be responsible for this charge.

Feel free to call with any questions you may have.

Very truly yours,

Municipal Clerk

Enclosures: