

TOWNSHIP OF PISCATAWAY, COUNTY OF MIDDLESEX
455 HOES LANE, PISCATAWAY, NJ 08854

TAXICAB OWNERS APPLICATION

VEHICLES MUST BE INSPECTED ANNUALLY BY THE TOWNSHIP OF PISCATAWAY,
IN ADDITION TO COMPLYING WITH NEW JERSEY STATE INSPECTION LAWS.

OWNERS NAME: _____
COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
INSURANCE COMPANY NAME: _____
INSURANCE POLICY NUMBER: _____
INSURANCE EXPIRATION DATE: _____

VEHICLE INFORMATION

VEHICLE #1

YEAR / MAKE OF VEHICLE _____ PASSENGER CAPACITY / COLOR / TYPE
NEW JERSEY REGISTRATION _____ VEHICLE IDENTIFICATION NUMBER (VIN #)

VEHICLE #2

YEAR / MAKE OF VEHICLE _____ PASSENGER CAPACITY / COLOR / TYPE
NEW JERSEY REGISTRATION _____ VEHICLE IDENTIFICATION NUMBER (VIN #)

VEHICLE #3

YEAR / MAKE OF VEHICLE _____ PASSENGER CAPACITY / COLOR / TYPE
NEW JERSEY REGISTRATION _____ VEHICLE IDENTIFICATION NUMBER (VIN #)

VEHICLE #4

YEAR / MAKE OF VEHICLE _____ PASSENGER CAPACITY / COLOR / TYPE
NEW JERSEY REGISTRATION _____ VEHICLE IDENTIFICATION NUMBER (VIN #)

VEHICLE #5

YEAR / MAKE OF VEHICLE _____ PASSENGER CAPACITY / COLOR / TYPE
NEW JERSEY REGISTRATION _____ VEHICLE IDENTIFICATION NUMBER (VIN #)

ATTACH PERSONAL PHOTOGRAPH WITH THIS APPLICATION

TOWNSHIP OF PISCATAWAY, COUNTY OF MIDDLESEX
455 HOES LANE, PISCATAWAY, NJ 08854

\$125

FULL NAME OF APPLICANT: _____

DATE: _____ AMOUNT PAID: _____

NEW JERSEY DRIVERS LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ EMPLOYER: _____

LIST HOME ADDRESSES FOR THE LAST FIVE (5) YEARS: _____

PERSONAL DESCRIPTION:

AGE: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____

MARITAL STATUS: _____ HAIR COLOR: _____ EYE COLOR: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CITIZEN: _____ NATURALIZATION NUMBER: _____

NATURALIZED (DATE): _____ WHERE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, GIVE DETAILS: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ IF YES, GIVE DETAILS: _____

WHEN REQUIRED, THIS APPLICATION SHALL BE ACCOMPANIED BY A
CERTIFICATE OF A LICENSED PHYSICIAN OF THE STATE OF NEW JERSEY.

PREVIOUS EMPLOYER(S): _____

THIS APPLICATION MUST BE CORRECTLY FILLED OUT AND SWORN TO.
FALSE STATEMENTS WILL BE CAUSE FOR REVOCATION OF LICENSE.

AFFIDAVIT

State of New Jersey
County of Middlesex
Township of Piscataway

_____, being duly sworn, deposes & says that
(he/she) is the individual making the foregoing application for a TAXICAB OWNER'S LICENSE, & that the answers to the questions contained therein, together with other statements, are true to the best of (his/her) knowledge & belief.

Subscribed and sworn before me this

_____ day of _____, 20_____.

Notary Public Signature of Applicant

INVESTIGATION REPORT: Piscataway Police Dept. - Office of Director of Police

License Issued by: _____ Date: _____

PLACE PERSONAL PHOTOGRAPH ON BACK OF THIS APPLICATION.