

MOUNT OLIVE TOWNSHIP CLERK'S OFFICE
APPLICATION FOR A TAXI LICENSE

_____ YEAR

_____ OWNER _____ DRIVER
(Please check one)

ZONING APPROVAL: ___ YES ___ NO (approval or denial attached)

Taxes/Assessments on Property paid up to date? ___ YES ___ NO (approval/denial attached)

\$50.00 non-refundable application fee required. PAID _____, 20

Submit (3) passport 2x2 photographs ___ YES ___ NO

Submit Certificate of Insurance ___ YES ___ NO

Submit Power of Attorney ___ YES ___ NO

Submit Copy of Drivers License ___ YES ___ NO

Submit Copy of Registration ___ YES ___ NO

Submit list of rates ___ YES ___ NO

Full Name: _____

Physical Street Address: _____

Mailing Address: _____

Work Phone: _____ Daytime Phone (cell) _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security Number: _____

Citizen: ___ YES ___ NO Legal Resident Alien: ___ YES ___ NO

Drivers License # _____

Sex ___ M ___ F Hgt _____ Wgt _____ Hair _____ Eyes _____

Complexion _____ Distinguishing Characteristics _____

TAXI COMPANY INFO

Employer Name _____

Employer Address _____

Employer Phone # _____

Please answer the following:

- | | | | |
|----|--|-----|----|
| 1. | Have you ever been arrested? | Yes | No |
| 2. | Are you an alcoholic? | Yes | No |
| 3. | Are you a habitual drinker? | Yes | No |
| 4. | Are you now or have you ever been treated for a drug problem? | Yes | No |
| 5. | Are you now or have you ever been a member of any organization which advocates the overthrow of the government of the U.S. or of this State? | Yes | No |

If the answer to any of the above questions is "yes" please give details:

Make / Model / Year and Vin # of motor vehicle being used as TAXI

COPY OF DRIVERS LICENSE, POWER OF ATTORNEY, VEHICLE REGISTRATION & CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION!

Personal References: MUST BE COMPLETE!

(3) Three reputable people **not related to you**, who can attest to your character:

Last Name	First	M.I.	Address	City	State	Zip	Phone#
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Last Name	First	M.I.	Address	City	State	Zip	Phone#
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Last Name	First	M.I.	Address	City	State	Zip	Phone#
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Signature _____ **Date** _____

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FOR INTERNAL USE ONLY:

Approved on _____ **by CHIEF/DESIGNEE** _____
(Date) (Signature)

Inspection fee paid (100.00 / 5 passengers or less or 150.00 / 6 passengers or more) YES/NO

Assigned Car # _____