



BOROUGH OF CARLSTADT

Office of the Borough Clerk

Memorial Municipal Building
500 Madison Street
Carlstadt, NJ 07072

TAXICAB PERMIT APPLICATION

DATE APPLICATION FILED: _____

ADMINISTRATION FEE: \$10.00

OPERATOR'S LICENSE FEE \$50.00

STATE OF NJ FINGERPRINT FEE \$ TO BE DETERMINED

THIS APPLICATION IS FOR:

_____ A New License _____ Renewal of a License _____ Change in Corporate Structure

1. Application is made on behalf of: _____ (*Insert appropriate number*)

1 = An Individual 2 = Business Corporation 3 = A Partnership 4 = Limited Partnership

2. If applicant is an individual the applicant's name, residential address and telephone number.

Applicant's name _____

Street Address _____
Number Street Name

Municipality _____ State _____ Zip _____ - _____

Telephone (_____) _____ - _____

3. Name and address of principal place of business if different than above. (Insert N/A if not applicable)

Name _____

Street Address _____
Number Street

Municipality _____ Zip _____ - _____

4. Name and address of the licensed physician of the State of New Jersey establishing that the applicant is of sound physical condition, with good eyesight, and not subject to epilepsy, vertigo, heart trouble or any other infirmity of body or mind which might render him unfit for the safe operation of a taxicab. (Documented proof must be presented within 60 days of the date of application.)

Physician's Name _____

Street Address _____
Number Street Name

Municipality _____ State _____ Zip _____ - _____

Telephone (_____) _____ - _____

5. Name and address of the applicant's liability insurance provider.

Insurance Carrier's Name _____

Street Address _____
Number Street Name

Municipality _____ State _____ Zip _____

Telephone (_____) _____ - _____

Policy Number _____

(Documented proof of adequate insurance coverage must be included with application)

6. Have you made application to the Carlstadt Police Department to be fingerprinted?

Yes - Date of Application: _____ No - Anticipated Date of Application: _____

7. How long have you been a licensed driver? _____
(A copy of a valid driver's license must be attached.)

8. Vehicle Information. (Use additional sheets if necessary.)

Make of vehicle _____ Model _____ Year _____ Color _____

Vehicle Identification # _____ License Plate # _____

I hereby certify that the statements made in this application are true to the best of my knowledge and ability and that if any of the statements made herein are willfully false I am subject to punishment.

Signature of Applicant

Date

FOR OFFICIAL BOROUGH USE

___ ADMINISTRATIVE FEE \$10.00

___ OPERATOR'S LICENSE FEE \$50.00

___ PHYSICIAN'S CERTIFICATE (within 60 days of date of application)

___ PROOF OF ADEQUATE LIABILITY INSURANCE COVERAGE

DEPARTMENTAL REVIEWS/INSPECTIONS:

___ BOROUGH CLERK'S OFFICE

___ CARLSTADT POLICE DEPARTMENT

APPROVED BY MAYOR AND COUNCIL
RESOLUTION NO. _____ DATED _____

LICENSE # ISSUED: _____
DATE OF ISSUE _____ EXPIRATION DATE: _____