



City of Bridgeton
Municipal Clerk office
181 E. Commerce Street
Bridgeton, NJ 08302

Phone: 856 455-3230
Fax : 856 451- 5321
www.cityofbridgeton.com

Application Received: Date: _____ Time: _____

TAXI DRIVER LICENSE RENEWAL APPLICATION

You must be able to communicate in English to renew this license.

Read every question carefully. **Answer** every question- **LEAVE NO BLANK SPACES**. If the question does not apply to you, insert "NA". Per **Ordinance NO. 89-37**, an applicant who has intentionally made a false statement of material, fact, or practiced, or attempted to practice, any deception or fraud in his/her application, may be rejected **and criminally prosecuted**.

FEES

A **NONREFUNDABLE** application fee of **\$75.00** is required **when the renewal form is submitted**

Fingerprinting Receipt PCN#: _____

Applicant Information

Name of Applicant: _____

Maiden (or other) Names Used: _____

Permanent (Local Address): _____

Telephone Number: _____

Date of Birth: _____ (***must be 21***) SSN: _____

Name & Address of Taxi Company Employer: _____

_____ Employer Phone # _____

Was your NJ driver's license revoked, or suspended, during the past year? (Yes) (No)

Reason: _____

Was your taxicab driver's license revoked, or suspended, during the past year? (Yes) (No)

Reason: _____

NJ Driver's License #: _____ (***copy of license***)

Years Driving Experience (years): _____ EXP: _____

BACKGROUND INVESTIGATION INFORMATION

Applicant's statement

I have not been Arrested for: any of the following:

- 1) Any offense which has resulted in the loss (or suspension) of my driving privileges in this, or any other, State of New Jersey within 5 years from the date of this application.
- 2) Any indictable offense in this State (or its equivalent) in any other State of New Jersey.
- 3) Any drug, or alcohol- related, offense.

Applicant's Response (Circle answer): (Yes) (No) (Unsure). If unsure, list in the space provided below ANY, and all, questionable offense(s) - date and place of conviction, nature of offense, and punishment.



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Release Authorization

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, _____, am making application for licensure in the City of
(Print name)

Bridgeton. As a result, an investigation is being conducted to determine my license eligibility.

You, therefore, are authorized to release to the Bridgeton Police Department, or its representatives, any, and all, information you may have on file pertaining to me that they may request, whether the information is documentary, oral, or in any other form.

A photo static copy of this authorization will be considered as effective and valid as the original.

Printed Name: _____

Address: _____

(DOB) (Social Security #)

(Signature) (Date)

(Witness) (Date)

ACKNOWLEDGMENT

I, _____ of _____
(Print your name) (Taxi Co. name)

Hereby acknowledge the receipt of a copy of Chapter 321 of the Code of the City of Bridgeton, which pertains to, and regulates the, conduct of Bridgeton taxicab businesses and of licensees.

Signature: _____ Date: _____

I hereby certify that the foregoing information on this application is true and compete to the best of my knowledge and belief.

Signature: _____ Date: _____

OFFICE USE ONLY

Paid Yes No \$ _____

Report of Investigating Officer: Applicant Approved: Yes No

(Signature of investigating officer) (Date)

License Information

As required by §7-2 of the Revised General Ordinances, the following information is to be filled out by the person accepting the application and is necessary in making out the license form:

General description of licensee: Sex: _____ Weight: _____ Height: _____

Hair Color: _____ Eye Color _____

License Number: _____ **Issued Date:** _____

Clerk's Comments: _____

Date completed: _____