



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

Phone: 856 455-3230  
 Fax : 856 451- 5321  
[www.cityofbridgeton.com](http://www.cityofbridgeton.com)

Application Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_

## TAXI OWNER LICENSE APPLICATION

### INSTRUCTIONS

**Read** every question carefully. **Answer** every question - **LEAVE NO BLANK SPACES**. If the question does not apply to you, insert "N/A". 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 **\$375.00, plus \$50.00 per Cab**, is required when the application form is submitted. After the City Clerk's Completeness Review, additional fees may be required before performing services such as fingerprinting, and the police background investigation.

In order to comply with State Laws and City ordinances, the following information is being furnished so that an application may be made to the City Council of the City of Bridgeton to issue a license to operate \_\_\_\_\_ taxicabs within the City of Bridgeton.

Name of Owner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (over18)      Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ (No PO Box)

Home Telephone Number: \_\_\_\_\_

Fingerprinting Receipt PCN#: \_\_\_\_\_

Trade Name (if any): \_\_\_\_\_

Circle Business Type:   **(Sole Proprietorship)**   **(Partnership)**   **(Corporation)**   **(LLC)**  
*(Refer to page 5 if business is a partnership, corporation, or LLC)*

Taxi Business Address: \_\_\_\_\_ (No PO Box)  
*(Business use of property to be verified by Zoning Official on Page 4)*

Business Telephone Number: \_\_\_\_\_

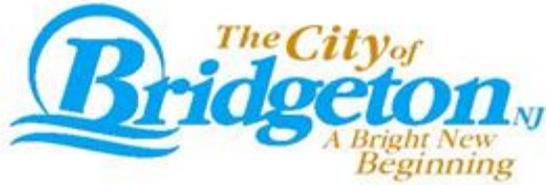
Total Number of drivers: \_\_\_\_\_ (Please Attach a list of driver's names)

### Table A - Taxicabs to be licensed

Year	Make	Color	VIIN	Vehicle #

Declaration of taxicab color scheme pursuant to §321-7(B):

Taxicab Body Color: \_\_\_\_\_ Taxicab Lettering Color: \_\_\_\_\_



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*(The colors listed above shall remain in effect for the term of this license. Colors may only be changed after a license renewal, or issuance of a new license.)*

### **Insurance Information**

All vehicles listed in Table "A" above are covered by the required limits of public liability and property damage insurance in the amount of \$ \_\_\_\_\_ issued by \_\_\_\_\_  
\_\_\_\_\_ Company expiring on \_\_\_\_\_. It is further understood, and agreed to, by the applicant that this insurance policy may not be cancelled unless 5 days written notice in advance of such cancellation be served upon the City Clerk of the City of Bridgeton. The policy number(s) is (are) \_\_\_\_\_, effective date(s) \_\_\_\_\_. The issuing agent's name is \_\_\_\_\_

*(A proof of insurance certificate showing that the required insurance policy has been obtained must be submitted with this application along with a copy of all vehicle titles.)*

**Character References:** List Name, Address, and Telephone Number:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Business References:** List Name, Address, and Telephone Number:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

### **Questions**

A) Has the applicant ever been refused a licensed to operate a taxicab? Yes\_\_\_ No\_\_\_ If so, give reason for refusal \_\_\_\_\_

B) Has the applicant ever had a license to operate a taxicab revoked? Yes\_\_\_ No\_\_\_ If so, give reason for revocation \_\_\_\_\_

C) Has applicant ever been arrested for a crime other than a traffic violation? Yes\_\_\_ No\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I swear the above information is true and correct:

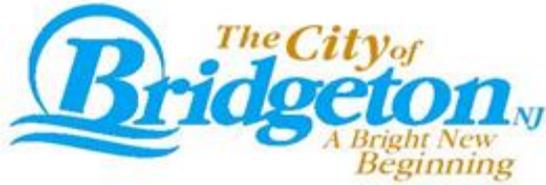
\_\_\_\_\_  
(Signature) (Date)

### **License Terms**

It is understood and agreed by and between said City Council and said applicant that if this application is granted and license issued, it shall be upon the following express terms and conditions:

- (a) That the taxicab for which application is hereby made for license shall be operated strictly according to the provisions of the State laws and City ordinances governing the same.
- (b) That the insurance to the full and collectible amount of \$50,000/\$100,000 Public Liability and \$5,000 property damage shall be furnished and kept in force according to law





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**STATE OF NEW JERSEY, COUNTY OF CUMBERLAND**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Acknowledgement**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print 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)

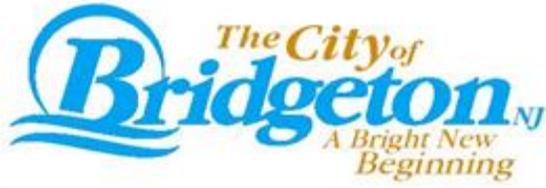
\_\_\_\_\_  
(Date)

I, \_\_\_\_\_ do hereby swear that all information contained herein is true and correct and that all City Ordinances and Statues of the City of Bridgeton will be complied with accordingly.

Signature: \_\_\_\_\_

Total Fee for this license: \$ \_\_\_\_\_ Insurance Certificate attached? \_\_\_\_\_

-



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-----OFFICE USE ONLY-----

**Zoning Official Review**

The land use of the property at the Taxi Business Address listed on page 1 of this application is presently a permitted use in the property's zoning district.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

-----  
**Application Completeness Review**

I have reviewed this application for completeness. The applicant has answered every question by entering the required information (or N/A) in every place required by this form. There are no blank spaces.

\_\_\_\_\_  
City clerk's office personnel printed Name

\_\_\_\_\_  
City clerk's office personnel Signature

\_\_\_\_\_  
Date

-----  
**Report of Investigating Officer: Applicant Approved: Yes  No**

\_\_\_\_\_  
(Investigating Officer's Signature)

\_\_\_\_\_  
(Date)

-----**City Council Action**-----

Application Disposition (Circle answer): **(Approved)**    **(Denied)**

Meeting Date \_\_\_\_\_

City Council Action Date: \_\_\_\_\_

-----  
License Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_

Clerk's Comments: \_\_\_\_\_

\_\_\_\_\_  
Date completed: \_\_\_\_\_