

**OFFICE USE ONLY**

Date Application Submitted \_\_\_\_\_ Payment Amount \_\_\_\_\_ check# \_\_\_\_\_ cash \_\_\_\_\_  
Taxi Driver License # \_\_\_\_\_ Taxi Owner # \_\_\_\_\_

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**BOROUGH OF MANASQUAN 2016**  
**TAXI/AUTOCAB LICENSE APPLICATION**

Fees: Drivers \$50.00

Owners: \$350 for up to five (5) vehicles. Each additional \$100.00

\_\_\_\_\_ **Owner** \_\_\_\_\_ **Driver** (Check both if Owner & Driver)

Have you been licensed in the Borough of Manasquan Previously, Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what years \_\_\_\_\_

Do you currently hold a State Issued CDL- P (Commercial Driver's License)? \_\_\_\_\_

**SECTION 1: IDENTIFYING INFORMATION**

**NAME OF APPLICANT**

Last \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Suite \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Length of time in United States \_\_\_\_\_ Social Security Number \_\_\_\_\_

**SECTION 2: DRIVER'S LICENSE INFORMATION (Attach a copy of your driver's license)**

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Number of Years Driving: \_\_\_\_\_

Have you been/or are you currently licensed to own or operate a taxi/autocab? \_\_\_\_\_

If yes, provide: Jurisdiction licensed: \_\_\_\_\_

Has any driver's license held by you either to own or operate a taxi/autocab ever been revoked or

Suspended: \_\_\_\_\_ if yes, provide Jurisdiction: \_\_\_\_\_

Explanation of cause of revocation or suspension of taxi/autocab license: \_\_\_\_\_

What company will you be working for? \_\_\_\_\_

\*\*\*\*\***Drivers** - Please sign and date Page 3 (skip page 2)

\*\*\*\*\***Owners** - Continue to page 2 of this application.

**SECTION 3:**

**OWNERS PLEASE COMPLETE THE FOLLOWING:**

**NAME OF TAXI BUSINESS:** \_\_\_\_\_

If Corporate Applicant:

Name of Business: \_\_\_\_\_

Type of Business Entity \_\_\_\_\_ Tax ID \_\_\_\_\_

Company name, as registered with the New Jersey Secretary of State/and or Monmouth County Clerk:

\_\_\_\_\_

Is the business currently valid under the laws of the State of New Jersey: \_\_\_\_\_

**BUSINESS ADDRESS** (P.O. Boxes shall not be sufficient)

Number and Street \_\_\_\_\_ Unit/Suite \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates: From: \_\_\_\_\_ to present.

**NUMBER OF VEHICLES BEING LICENSED** \_\_\_\_\_

Please use attached vehicle information form for each vehicle. *(Additional copies may be made)*

**SECTION 4: INSURANCE**

If applicant's principal place of business is located within the Borough of Manasquan:

Attach to this application a duplicate taxi/autocab insurance certificate issued pursuant to N.J.S.A. 48:16-3., covering the taxi/autocab sought to be licensed. Minimum acceptable insurance liability limit is \$100,000.

If applicant's principal place of business is outside the Borough of Manasquan:

Attach to this application a duplicate taxi/ autocab insurance certificate issued pursuant to N.J.S.A 48:16-7 by the Clerk of the municipality within which the applicant's principal place of business is located documenting said filing

The insurance policy must provide coverage for every driver of each vehicle listed in the policy. Indicate on the submitted copy of the Insurance Policy by circle, highlight or underline the section of the policy documenting that the vehicle (by vehicle identification or other means) sought to be licensed is covered.

In the event the policy is cancelled for any reason, a notice of such action must be delivered to the Borough Clerk twenty (20) days prior to the effective date by the insurance company providing coverage to the owner. It shall be the owner's responsibility to ensure that the insurance company is noticed of and complies with this requirement.

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone Number \_\_\_\_\_

Liability Limit: \_\_\_\_\_

**SECTION 5: CORPORATE / BUSINESS APPLICANTS OTHER THAN INDIVIDUAL OWNER / OPERATOR / SOLE PROPRIETOR**

In the event applicant is a corporation, limited liability company, partnership or other business entity other than an individual owner /operator /sole proprietor, all principals, partners, shareholders, officers or directors must be included in this application. The information requested in this section is required for each owner, principal, partner, shareholder, officer and/or director. Use additional copies of this page/section for each individual.

All individual partners, officers, stockholders or directors shall be required to consent to and submit to a state and federal criminal history check, either by fingerprinting or live scan through Morphotrak, Inc. (a private company under contract with the State of New Jersey) or whoever vendor under contract is at the time, at the Borough's sole discretion, which shall be forwarded to the Borough at the cost and expense of the applicant.

**CERTIFICATION**

The applicant must also furnish any additional information requested by Borough officials in order to enable the Mayor and Council to decide whether the license should be issued.

By signing this application, applicant hereby consents to and agrees to submit to a state and federal criminal history check and a motor vehicle history check, either by fingerprinting, live scan or other methods through the State vendor, at the Borough's sole discretion, which shall be forwarded to the Borough at the cost and expense of the applicant.

Applicant acknowledges that applicant is familiar with and shall comply with the provisions of Borough Ordinance 2098-11 and amended Borough Ordinance 2172-14 regarding the licensing of and operation of taxi/autocabs in the Borough of Manasquan. Applicant agrees to prominently display the license issued by the Borough of Manasquan within the taxi/autocab so it is open to view of passengers in the vehicle.

Hold Harmless: This application and the acceptance of the policy by the Borough and the issuance of the license by the Borough shall constitute an agreement by and between the applicant and the Borough that the applicant holds and saves harmless the Borough from any and all claims from damages arising out of personal injury and/or property damage made by third parties as the result of the issuance of the license and the operation of the taxi/autocab.

I hereby certify that the foregoing statements are true. I further certify that if any of the foregoing statements are willfully false I am subject to punishment.

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

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Name of Applicant Printed

\_\_\_\_\_  
Title of Individual Signing for Corporate Applicant