

TOWN OF KEARNY
TOWN HALL
KEARNY, N.J.

NEW
RENEWAL
LICENSE NO. _____



APPLICATION FOR TAXI CAB OWNER'S LICENSE

Date _____

For Individual Owner

Name _____ Address _____

the undersigned, hereby applies to the Mayor and Council for a license to operate a taxicab (s) as described below within the Town of Kearny.

Age _____ Date of Birth _____ Citizen _____

If naturalized, when and where _____
Date Number Location of Court

For Partnership or Corporations

Firm Name _____

Address _____

Give names of Partners or Corporation Officials (Give Titles)

Name _____ Address _____

Age _____ Date of Birth _____ Citizen _____ Title _____

Name _____ Address _____

Age _____ Date of Birth _____ Citizen _____ Title _____

Name _____ Address _____

Age _____ Date of Birth _____ Citizen _____ Title _____

Name _____ Address _____

Age _____ Date of Birth _____ Citizen _____ Title _____

Are all partners citizens of the United States. _____

Date Number Location of Court

If naturalized, when and where?

FOR BOTH INDIVIDUAL AND PARTNERSHIPS

Are you covered by insurance as required by N.J.S.A. 48:16-3? _____

Name of Insurance Company _____

Policy Number _____ Premium Date _____

Have you or any partners ever been arrested or summoned to Court? _____ Give particulars and details

of every case: _____

How many licenses are being applied for? _____

Give address where all vehicles are to be kept: _____

Are vehicles radio equipped? _____ Base Station call letters _____

What rate of fare to be charged? _____

List vehicles to be licensed.

Fee: \$25.00 per vehicle

Cab No.	Make	Model	Serial	Color	Year	Passenger capacity	State Reg.

Are you the owner or lessee of said vehicles? _____

Are you a member of any cab company or cooperative or operating association? _____

If so what is the name: _____

Do vehicles have any insignia? _____

If so describe same _____

What is your previous experience in public transportation? _____

State any facts which you believe tend to prove that public convenience and necessity require the granting of this license. _____

In consideration of the license hereby applied for, the applicant agrees to abide by and accept all the terms, conditions, limitations and restrictions contained in and Ordinance entitled, "An Ordinance regulating and licensing taxicabs and taxicab drivers in the Town of Kearny and providing penalties for the violation thereof," Passed February 9, 1972.

AFFIDAVIT

State of New Jersey }
Town of Kearny } ss.
County of Hudson }

_____ Being duly sworn deposes that he is the individual and the answers to the foregoing questions are true to the best of his knowledge and belief.

Sworn before me this _____ Signed _____

day of _____ 19 _____ Address _____
