

TAXI CAB APPLICATION FOR OPERATORS LICENSE

1. 3 PHOTOGRAPHS
2. DRIVERS LICENSE
3. BIRTH CERTIFICATE
4. DOCTORS CERTIFICATE
5. SOCIAL SECURITY NUMBER

TOWN OF KEARNY  
HUDSON COUNTY, NEW JERSEY

- ☐ NEW  
☐ RENEWAL

License No. \_\_\_\_\_

Date \_\_\_\_\_



passport size photo

**APPLICATION FOR TAXI DRIVER'S LICENSE**

I, the undersigned do hereby apply to the Mayor and Council of the Town of Kearny for a license to drive a taxi cab in the Town of Kearny, and for that purpose file the above photograph and following description of myself and give the following answers to the below questions in this application:

Full name: \_\_\_\_\_

Name of licensed taxi owner employing you: \_\_\_\_\_

Are you 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 you unfit for the safe operation of a public taxi? \_\_\_\_\_  
If no, explain \_\_\_\_\_.

Are you able to read and write the English language? (yes or no) \_\_\_\_\_

Are you clean in person and dress, and not addicted to the use of intoxicating liquors or drugs? (yes or no) \_\_\_\_\_  
If no, explain \_\_\_\_\_.

**APPLICANT MUST FILL OUT THE FOLLOWING IN THEIR OWN HANDWRITING**

Applicant's address: \_\_\_\_\_

Age: \_\_\_\_\_ Place of birth \_\_\_\_\_ US Citizen (yes or no) \_\_\_\_\_

Race \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Marital status \_\_\_\_\_

Have you ever been arrested, charged with or convicted of any crime or any other violation of law? (yes or no) \_\_\_\_\_  
If yes, explain \_\_\_\_\_.

Have you ever been previously licensed as a driver or chauffer? \_\_\_\_\_ If yes where? \_\_\_\_\_

Was your license ever revoked? (yes or no) \_\_\_\_\_ If yes explain why \_\_\_\_\_

Are you familiar with the traffic and taxi regulations and the geography of Kearny? (yes or no) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

KEARNY POLICE DEPARTMENT

TAXI CAB APPLICATION

NAME \_\_\_\_\_ HOME TEL. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ D.O.B. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DR. LIC # \_\_\_\_\_ S.S.# \_\_\_\_\_

SCARS, MARKS, TATTOOS \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ COMP \_\_\_\_\_

NEXT OF KIN : NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME & LOCATION OF TAXI CAB COMPANY AND PHONE NUMBER

HAVE YOU EVER BEEN ARRESTED FOR ANY REASON YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE DETAILS: \_\_\_\_\_

I DO HEREBY SWEAR THAT ALL INFORMATION CONTAINED HEREIN IS TRUE, KNOWING THAT ANY FALSE INFORMATION WILL BE PROSECUTED UNDER N.J.S. 2C:28-3B(1)

SIGNATURE

CLERK TO ME ON.

WITNESS



Give names and addresses of your employers and your occupation for the past five years -- Include Cab Companies.

Date	Employer	Address	Occupation

What is the extent of your education?

	School	Address	Grade attained
Primary			
Secondary			
College			

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 an 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 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES

I, \_\_\_\_\_ Being duly sworn, do depose and say: That I have known \_\_\_\_\_ the applicant for a license herein mentioned, for a period of not less than two years and that I know him to be a man of good character.

Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

I, \_\_\_\_\_ Being duly sworn, do depose and say: That I have known \_\_\_\_\_ the applicant for a license herein mentioned, for a period of not less than two years and that I know him to be a man of good character.

Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

The application of \_\_\_\_\_ for a public taxicab drivers license is hereby approved.

\_\_\_\_\_  
Chief of Police