

**TOWNSHIP OF BLOOMFIELD
APPLICATION FOR A TAXICAB OPERATOR'S LICENSE**

APPLICATION FEE: \$35.00
Paid: _____
Year: _____

_____ 20_____

All questions in this application must be fully and truthfully answered, otherwise, the applicant will receive no consideration.

I, the undersigned, hereby apply to the Township of Bloomfield for a license to operate a Limousine in the Township of Bloomfield, and for that purpose, file the following photograph and description of myself, and give the following answers to the questions contained in this application.

1. What is your full name? _____
Social Security No. _____
2. Where do you live? _____
Phone Number: _____
3. Where have you lived for the past five (5) years: (Give Address) _____

4. What is your age? _____ When were you born? _____
Month Day Year
5. Where were you born? _____
City or Town State
6. Are you married or single? _____

7. Are you a citizen of the United States? _____
8. If a naturalized citizen, show naturalization papers _____
Number _____ Location of Court _____

9. Are you addicted to the use of intoxicating liquors or any drug forming habit? _____
10. Has any license heretofore issued to you by the Township of Bloomfield ever been suspended or revoked? _____
If "yes", give particulars _____

11. What is your driver's license number? _____
12. Give all names and addresses of Limousine owners by whom you have been employed: _____

13. Give the names and addresses of your employers and your occupation for the past five (5) years:
a. _____ Dates Employer Address Occupation
b. _____
c. _____

Question No. 15 means not only traffic arrests, but arrests or summons of every violation which applicant has been charged.

14. Have you EVER been arrested or summoned to court on ANY charge? (Give particulars and disposition on EVERY case)
a. _____ Dates Offenses Disposition
b. _____
c. _____
d. _____
e. _____

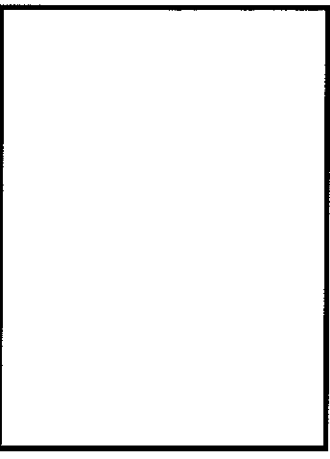
If you answer the above question "NO" and this answer proves to be false, it will mean the rejection of this application.

16. For whom are you going to work? _____

PERSONAL DESCRIPTION

- (A) Sex _____
- (B) Weight _____
- (C) Color of eyes _____
- (D) Height _____
- (E) Color of Hair _____
- (F) Complexion _____
- (G) Build _____

PHOTOGRAPH



Date Photograph was taken _____

State of New Jersey,)
Township of Bloomfield) ss:
County of Essex)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application for a Taxicab Operator's license; that the answers to the foregoing questions and other statements contained herein are true of his/her own knowledge and belief and that he/she will report in writing to the Township of Bloomfield any change in address or employer that may occur while this license remains in force.

Sworn to before me this _____
Day of _____, 20____

Notary Public

Approved: _____
 Chief or Captain, Bloomfield Police Department

RECORD BUREAU
POLICE DEPARTMENT:

A SEARCH BY THE POLICE DEPARTMENT DISCLOSES THE FOLLOWING INFORMATION:

Taxicab Operators Requirements for Application

- **2 Applications NOTARIZED and complete**
- **2 Passport Pictures**
- **Driver's Abstract (2 Copies)**
- **Driver's License (2 copies)**
- **Money order for \$18.00 made out to "Division of State Police – SBI"**
- **Check or Money order for \$35.00 made out to "Township of Bloomfield"**