

TOWNSHIP OF BLOOMFEILD
APPLICATION FOR TAXICAB OWNER'S LICENSE

All taxicab licenses shall begin on the first day of January of each year and terminate on the thirty-first day of December next succeeding.

LICENSE FEE **\$125.00** for each Cab

INDIVIDUAL OWNER

Name _____, the undersigned, hereby applies to the Township of Bloomfield for a license to operate a public taxicab or taxicabs as described below, within the Township of Bloomfield.

The following questions must be answered:

Are you covered by insurance as required by NJS48:16-3, as amended and supplemented? _____

Name of Insurance Company _____

Policy Number _____ for what length of time has insurance been paid for? _____

Are you a citizen of the United States? _____ Place of Birth _____ If naturalized, when and where? _____

Address of Owner: _____

Address of Business: _____

If co-partnership, the following questions must be answered:

1. Give Firm name _____

2. Main Office Address _____

3. Branch Offices _____

Give names and addresses of partners:

_____ residing at _____

_____ residing at _____

_____ residing at _____

_____ residing at _____

_____ residing at _____

Are all partners citizens of the United States? _____

If naturalized, when and where? _____

_____ Date _____ No. _____ Location of Court
Have any of the above described individuals ever been arrested or summoned to court? Give particulars and disposition of every case _____

How many licenses are being applied for? _____

Give address where all vehicles are to be kept _____

When above address is changed, will you advise this office in writing? _____

What rate of fare is to be charged? _____

Policy No. _____ Ins. Co. _____ Serial No. _____ State Reg. _____ Make of Cab _____ Year Built _____ Value of Cab _____ Color of Cab _____

Are you the owner or lessee of said vehicle? _____
Are you a member of any cab company or any co-operative or operating association? _____
If so, what is the name of same? _____

(The following certificates must be filled out if the applicant is operating under any other but his own name.)
I hereby certify that on the _____ day of _____, 19____, there was filed in the office of the
Clerk of the County of _____ a certificate setting forth the above name under which this business is to be
conducted, together with the full names and addresses of the owners, certified copy of which is herewith attached.

Signature of Applicant _____

INDIVIDUAL APPLICANT'S AFFIDAVIT

(Notaries: You will please exercise extreme care in filling out the following affidavits.)

STATE OF NEW JERSEY)
TOWNSHIP OF BLOOMFIELD) ss.
COUNTY OF ESSEX)

_____ being duly sworn, deposes and says that
_____ is the individual making the foregoing application for
a taxicab license; that the answers to the foregoing questions and other statements contained therein are true of his
own knowledge and belief.

(Signed) _____
Res. Address _____
Res. Address _____

Sworn to before me,
this _____ day of _____, 19____

(Signature of Notary) _____
Police Chief _____

Fire Director _____

Building Inspections _____

Tax Collector _____

Health _____