

**Washington Township**  
**TAXICAB OWNER'S LICENSE**  
**Checklist for Submission**



**FOR OFFICE USE ONLY**

FEE PAID: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

APPROVED: \_\_\_\_\_

The following items must be submitted to the Washington Township Clerk for a new or renewal application to be processed for a taxicab owner's license. Any additional information can be found in [Washington Township Ordinance Chapter 185, Article I](#):

All taxicab owners' licenses shall expire on December 31<sup>st</sup> following the date of issue and shall be renewed annually on or before January 1<sup>st</sup>.

- \_\_\_\_\_ 1. One (1) original and one (1) copy of Township form entitled "Application for Taxicab Owner's License"
- \_\_\_\_\_ 2. Two (2) copies of schedule of fares being charged
- \_\_\_\_\_ 3. Criminal History: Background check including fingerprints and drug tests.
- \_\_\_\_\_ 4. Certificate of Insurance in the amounts listed in [Township Ordinance TAXICABS Chapter 185-7](#) and listing Vehicle Identification Number(s)
- \_\_\_\_\_ 5. Power of Attorney (notarized) per [Ordinance Section 185-7.B](#)
- \_\_\_\_\_ 6. Cashier's check, certified check or money order made payable to "Washington Township" or cash in the amount of fifty dollars (\$50.00) for each regulated vehicle.
- \_\_\_\_\_ 7. Proof that corporate applicant is authorized to do business in New Jersey or is a New Jersey Corporation.

**Washington Township**  
**TAXICAB DRIVER'S LICENSE**  
**Checklist for Submission**



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DATE: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

APPROVED: \_\_\_\_\_

The following items must be submitted to the Washington Township Clerk for a new or renewal application to be processed for a taxicab driver's license. Any additional information can be found in [Washington Township Ordinance Chapter 185, Article I](#):

All taxicab drivers' licenses shall expire on December 31<sup>st</sup> following the date of issue and shall be renewed annually on or before January 1<sup>st</sup>.

- \_\_\_\_\_ 1. One (1) original and one (1) copy of Township form entitled "Application for Taxicab Driver's License".
- \_\_\_\_\_ 2. Three (3) copies of a recent photograph of applicant approximately one and one-half and one-half inches (1 ½ x 1 ½) in size.
- \_\_\_\_\_ 3. Criminal History: Background check including fingerprints and drug tests.
- \_\_\_\_\_ 4. Copy of Birth Certificate or other proof of age.
- \_\_\_\_\_ 5. Copy of New Jersey Driver's License.
- \_\_\_\_\_ 6. Proof of citizenship or resident alien status.
- \_\_\_\_\_ 7. Compliance with [Chapter 185-3. A](#) of the Code of the Township of Washington
- \_\_\_\_\_ 8. Cashier's check, certified check or money order made payable to "Washington Township" or cash in the amount of \$20.00 for each driver of a regulated vehicle.

**Washington Township**  
**Application Taxicab Owner's License**  
(Attach a COMPLETE SCHEDULE of fares to be charged)

**OWNER'S & BUSINESS INFORMATION**

1.) Owner's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

2.) Home Address: \_\_\_\_\_

3.) Contact Information: Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4.) Business Name: \_\_\_\_\_

5.) Principal Office Address: \_\_\_\_\_

6.) Business Contact Information: Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

7.) Name of all majority shareholders: \_\_\_\_\_

**VEHICLE INFORMATION (See additional pages for additional vehicles)**

Make	_____	Model	_____	Year	_____
Body Style	_____	Color	_____	VIN #	_____
Number of Passengers	_____	Date of last Motor Vehicle Inspection:	_____		_____
New Jersey Motor Vehicle Registration Number:	_____				

Have you ever been convicted of a crime, misdemeanor or violation of any municipal ordinance including traffic summons even if a court appearance was not necessary? Describe each offense and the punishments or penalty assessed. (Attach additional sheets, if necessary)

I am fully acquainted with the ordinance under which this application is made, and agrees to operate a taxicab business in accordance with the ordinance entitled "Chapter 185 Taxicabs and Limousines". I also understand that any willfully wrong statements, false information or omissions of information will result in denial of this application by the Township for a taxi owner's license. I certify that there are no child support judgments against me.

Sworn and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

This is to certify that the Police Department of the Township of Washington has inspected Taxicab License No. \_\_\_\_\_,

N.J. 20\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and said taxicab is in a good sanitary condition, well painted and clean in appearance. (Further recommendations or remarks on back of this form)

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

Application was approved at a meeting of the Township Committee held on: \_\_\_\_\_

License No. \_\_\_\_\_ Issued this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_  
(seal)

\_\_\_\_\_  
Municipal Clerk

**Washington Township**  
**Application for a Taxicab Driver's License**  
(Submit this form in DUPLICATE)

Type or Print Answers to ALL questions.

1.) Full Name: \_\_\_\_\_

2.) Address: \_\_\_\_\_

3.) Contact Information: Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4.) Social Security Number: \_\_\_\_\_

5.) Date of Birth: \_\_\_\_\_ 6.) Age: \_\_\_\_\_

6.) N.J. Motor Vehicle License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Attach a copy)

7.) Personal Description:

a.) Sex: \_\_\_\_\_ b.) Height: \_\_\_\_\_ c.) Weight: \_\_\_\_\_

d.) Eye Color: \_\_\_\_\_ e.) Hair Color: \_\_\_\_\_

8.) Name of Taxi Company (Employer): \_\_\_\_\_

9.) Have you ever been convicted of a crime, misdemeanor or violation of any municipal ordinance including traffic summons even if a court appearance was not necessary? Describe each offense and the punishments or penalty assessed. (Attach additional sheets, if necessary.)

I certify that I am in good physical condition and am able to operate a taxicab. I further certify that I am of good moral character and that there are no outstanding child support orders or judgments against me.

Furthermore, I am fully acquainted with the ordinance under which this application is made, and agree to drive a taxicab in accordance with the ordinance entitled, "Chapter 185, Taxicabs and Limousines". I also understand that any willfully wrong statements, false information or omissions of information will result in denial of this application by the Township for taxi driver's license.

Sworn and subscribed before me on this

The \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

Application was approved at a meeting of the Township Committee held on: \_\_\_\_\_

License No. \_\_\_\_\_ Issued this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_  
(seal)

\_\_\_\_\_  
Municipal Clerk

VEHICLE INFORMATION

Make	_____	Model	_____	Year	_____
Body Style	_____	Color	_____	VIN #	_____
Number of Passengers	_____				
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