

TAXI LICENSE CHECKLIST

This application must be filled out entirely before being processed.

EVERY LINE AND EVERY BOX MUST BE FILLED OUT COMPLETELY.

Records Bureau Open Monday - Friday from 9:00 AM to 3:30 PM

Payments must be made by Money Orders only. (NO Cash, No Checks, and No Credit/Debit Cards)

Taxi Applicants must be made by re-fingerprinted every other year. (NO EXCEPTIONS)

Initial License	Renewal License
<ul style="list-style-type: none"> <input type="radio"/> \$75.00 Processing Fee (money order only) <input type="radio"/> U.S.A. Abstract <input type="radio"/> Release Form filled out and Notarized <input type="radio"/> Two Forms of Identification are needed (One form must be a picture ID like a <i>Passport/City ID/Drivers License</i>.) <input type="radio"/> Provide VALID taxi registration <input type="radio"/> Physical By Medical Doctor (MD) (Form must be stamped by doctor, filled out and Notarized) <input type="radio"/> Two Character References (They cannot be related to applicant and cannot reside at the same address as the applicant). <input type="radio"/> Must be a resident of NJ for at least 1year. <input type="radio"/> Must have 1 yr of Driving Experience in N.J. <input type="radio"/> Notary Public must notarize 4th & 5th page <input type="radio"/> Photo, Signature, and image capture of your fingerprint taken by a representative of Long Branch Police Department for use on a license and will be stored in our licensing database. <input type="radio"/> Contributors Case # (LBDP Receipt #) Issued and written on Fingerprint Form. 	<ul style="list-style-type: none"> <input type="radio"/> \$50.00 Processing Fee (money order only) <input type="radio"/> U.S.A. Abstract <input type="radio"/> Provide your Taxi License along with a second form of ID <input type="radio"/> Provide VALID taxi registration <input type="radio"/> Physical By Medical Doctor (MD) (Form must be stamped by doctor, filled out and Notarized) <input type="radio"/> Two Character References (They cannot be related to applicant and cannot reside at the same address as the applicant). <input type="radio"/> Notary Public must notarize 4th and 5th page. <input type="radio"/> An updated photo to be taken.

1st Page:

- ✓ Instructions/Checklist

2nd Page:

- ✓ Personal Information of Applicant
 - Mark Initial License or Renewal License at the top of page
 - Full Name – First, Middle, Last
 - Full Address – Street #, Street Name, City, State and Zip
 - Phone Number – Area Code = 7 Digit # (best contact number)
 - Date of Application – Present date

3rd Page:

- ✓ Complete Employment Verification Form
 - Must be signed by a Licensed Manager (NO Copies of Signatures)
 - Taxi Company that you are currently working for
 - Applicant's Name (Printed)

4th Page:

- ✓ Complete Medical Examination. Must have Doctor's Stamp and be notarized. (Sign in front of Notary Public)

5th Page:

- ✓ Complete entire page and get Notary Public Section Notarized. (Sign in front of Notary Public)

6th Page:

- ✓ Read and Initial

7th & 8th Page: Reference Forms

	Date Submitted	Date Returned
Entered into Spillman		
Reference 1		
Reference 2		
Morpho, Inc. Fingerprint Confirmation		
Application Submitted to Chief		

Application Process By: _____

APPLICATION FOR TAXI DRIVER'S LICENSE

APPLICATIONS FOR:	INITIAL APPLICATION	RENEWAL		
NAME: <i>First</i>	<i>Middle</i>	<i>Last</i>		
ADDRESS:				
PREVIOUS ADDRESS (If changed within past 5 years):				
TELEPHONE #:	SOCIAL SECURITY #:			
DATE OF BIRTH:	PLACE OF BIRTH:			
AGE:	I HEIGHT:	I WEIGHT:	I EYES:	HAIR:
SCARS/MARKS/TATTOOS:				RACE:
NJ Driver License #:				SEX:
Reference #1 Address:				Ref.Phone#
Reference #2 Address:				Ref.Phone #
HAS YOUR NJ. DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO (If yes, provide date, place, charge, disposition, etc.) (If more space is needed, use back of form)				
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR DISORDERLY PERSON'S OFFENSE? YES NO (If yes, provide date, place, charge, disposition, etc.) (If more space is needed, use back of form)				
DATE:		APPLICANT'S SIGNATURE		



**CITY OF LONG BRANCH
POLICE DEPARTMENT**
344 BROADWAY
LONG BRANCH, NJ 07740
(732) 222-1000

EMPLOYMENT VERIFICATION

TAXI DRIVER'S LICENSE

APPLICANT NAME:	
STREET ADDRESS:	
CITY:	ZIP:
TELEPHONE NUMBER:	
DATE OF APPLICATION:	
VERIFICATION:	
I, _____ licensee of the _____ Cab Company, (print name) (print name of company)	
am considering employing _____ as a taxi cab driver for my company. (print (name of applicant))	
I am aware that if the applicant has a statutory disqualification which prohibits his / her association with the City Ordinance, the application will be denied by this agency.	
_____ (Employer's Signature)	
_____ (Date)	

Medical Examination Form

I hereby certify that I have examined _____ and that he/she is of good health, sound body and is not suffering from any disease, injury or ailment that would preclude him/her from operating a Taxicab in a safe and normal manner.

Date of Examination:	License Number:
Office Name and Address :	Name: Address:
Physician's Name and Signature	Name: Signature:

Notary Public Form

I swear that all of the information is true, complete and accurate to the best of my knowledge and belief. I understand that any false statements will result in denial of this application and prosecution for violation of NJS 2C28-3, a Disorderly Person's Offense.

Sworn and Subscribed before me:	
This _____ Day Of _____ 20_____	(Signature of Applicant)
(Notary Public)	

OFFICIAL USE

DATE APPLIED:	DATE OF ABSTRACT:
APPROVED:	DISAPPROVED:
ADDITIONAL INFO:	



**CITY OF LONG BRANCH
POLICE DEPARTMENT
344 BROADWAY
LONG BRANCH, NJ 07740
(732) 222-1000**

RELEASE FORM

Applicant: _____

Application Type:

DOB: _____

Firearms Application
ABC License Application
Taxi License Application
Mercantile Permit
Vendor Permit

SS#: _____

DATE: _____

I _____ swear that all the information furnished to the Long Branch Police Department is the truth, the whole truth, and nothing but the truth.

I understand that any false information furnished to the Long Branch Police Department through this application or other means will constitute False Swearing (N.J.S. 2C:28-2). I understand that this is a fourth degree crime that can, upon conviction, result in monetary fines and/or incarceration.

I AUTHORIZE the Long Branch Police Department to investigate my background. They may have limited access to any information including, but not limited to a criminal history check.

Name (Print) _____

Signature

Sworn and subscribed before me on this _____ day of _____ 20 _____

Notary Public

ATTENTION ABC & TAXI APPLICANTS

Your receipt is your temporary license. Applicants will retain a copy of their license and provide a copy to their job.

The license is valid for only 30 days from the receipts printed date.

Applicants must contact the Long Branch Police Department for a status check before temporary license expires. Applicants may be penalized, if they fail to do so.

If all requirements to complete the application are not submitted by the expiration date, applicants will not be permitted to work.

(Unless authorized by a Captain at the LBPD)

(NO RE-APPLYING AT ANYTIME)
NEED TO BE FINGERPRINTED

With your initials, you hereby acknowledge and understand the above mention statements.

Applicants Initials: _____

Effective as of July 1, 2011



**CITY OF LONG BRANCH
POLICE DEPARTMENT**
Support Services – Records Bureau
344 BROADWAY
LONG BRANCH, NJ 07740
(732) 222-1000 ext. 1800

APPLICANT NAME: _____

The above captioned person has listed you as a reference/voucher in their application for a:

Alcoholic Beverage (ABC) Permit Taxi Permit

If that is the case, please provide the information requested below, sign and date where indicated.

It must be emphasized that in order for the ABC or Taxi Application to be considered, this form must be returned to the Long Branch Police Station as soon as possible. Thank You.

To the best of your knowledge: Y/N

1. Has the applicant ever been convicted of a crime or disorderly persons Offense? _____
2. Is the applicant an alcoholic? _____
3. Is the applicant a habitual drunk? _____
4. Is the applicant a narcotics user? _____
5. Does the applicant suffer from any physical defect or illness? _____
6. Has the applicant ever been confined to a mental institution? _____
7. Has the applicant ever committed an act of domestic violence? _____
8. Has the applicant ever been a member of any organization, which advocates the overthrow of the U.S. or the State of New Jersey? _____
9. To your knowledge, is there any reason why the above named person should NOT be issued an Alcoholic Beverage Control Permit or Taxi Permit? _____
(If yes, explain below and/or on back)
10. How many years have you known the applicant? _____

Reference Name (Please print): _____ **Date:** _____

Reference Signature: _____



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Reference Name (Please print): _____ **Date:** _____

Reference Signature: _____