

FINGERPRINTING

NOTICE

Every driver and owner must be fingerprinted. For fingerprinting information, contact East Windsor Police at 609.448.5678 (Press "0") and the dispatcher will schedule your appointment.

- A.) If you are renewing an existing permit and have previously been fingerprinted you must still make an appointment to "renew" your fingerprints. You must contact the above number and make an appointment as if you are being fingerprinted.
-

DRIVER

File in Duplicate

NEW APPLICATION: _____

RENEWAL: _____

APPLICATION YEAR: 20 _____

TOWNSHIP OF EAST WINDSOR

TAXI / LIMOUSINE

(Circle One)

DRIVER APPLICATION

Check Applicable Box:

A. ☐ I am seeking a license to operate a taxi/limousine owned by _____
taxi/limousine Company.

B. ☐ I am a private owner of a taxi/limousine seeking license to operate for
_____ taxi/limousine Company. (See Vehicle Information Section)

Name: _____
(Last) (First) (Middle)

Address: _____
(# Street) (City) (State, Zip)

Home telephone number: (area code): _____

Cellular Number (area code): _____

Facsimile number (area code): _____

E-Mail Address: _____

Date of Birth: _____ Age: _____ Sex: _____

Complexion: _____ Height: _____ Weight: _____

Race: _____ Eyes: _____ Hair: _____ Blood Type: _____

S.S.#: _____ DL# _____

EMPLOYMENT INFORMATION

Give the Name, Address, and Telephone Number of the Company that you will be operating or driving for:

Name: _____

Address: _____

Phone #: _____

CRIMINAL HISTORY / BACKGROUND:

Circle (YES) or (NO) to the following questions: (Please explain any YES answers for question #'s 2 through 7 only on the form supplied (Page 3). Include: Date and Place of each conviction; Nature of the offense; and Punishment or Penalty imposed.)

- | | | |
|---|-----|----|
| 1. Have you ever been convicted of a motor vehicle violation? | YES | NO |
| 2. Have you ever been convicted of a crime or disorderly persons offense? | YES | NO |
| 3. Have you ever been convicted of a violation of any Municipal Ordinance? | YES | NO |
| 4. Are you a habitual drunkard? | YES | NO |
| 5. Are you addicted to narcotics? | YES | NO |
| 6. Do you suffer from a physical defect or sickness? | YES | NO |
| 7. Have you ever been attended, treated or observed by a doctor of psychiatry for a mental or physical condition? | YES | NO |

FURTHER INFORMATION REQUIRED:

1. A doctor's certificate **MUST** accompany this application to insure that the applicant is physically able to operate a motor vehicle.
2. A certified copy of the applicant's **driver abstract** obtained from NJ Motor Vehicle Commission must be attached. A photocopy of the applicant's **current driver license** must be attached.
3. Two (2) recent photographs – a full face, front and profile unmounted and not larger than 1 ½" x 1 ½". The photographs **MUST** have been taken not more than 3 months prior to the date of this application.

The applicant's signature certifies that all statements made on this application are true and accurate to the best of his/her knowledge and understands that withholding information or making false statements will be basis for immediate rejection of this application. The applicant further authorizes the East Windsor Police to conduct investigation into the applicant's prior activities (including but not limited to Motor Vehicle Records, Criminal History Records, and Court Documents) to confirm the accuracy of the applicant's answers and determine his/her responsibility, moral character and ability to operate a Taxi/Limousine.

Furthermore, the applicant shall submit to fingerprinting by East Windsor Police Department for the purpose of furthering the applicant background investigation. The application will not be processed until such time the applicant submits to the taking of his/her fingerprints. However, the subsequent return of the fingerprints will not be cause for delay of the issuance of the permit if all other necessary information has been provided and no impediment exists. Appointments for the taking of fingerprints can be made by telephoning the police department at (609) 448-5678. Applicable fingerprinting fees will apply.

Should the fingerprints/background check yield information that would have constituted a rejection or denial of the applicant's permit or license any license or permit issued by the township may be revoked at that time.

DRIVER

VEHICLE INFORMATION

I AM A PRIVATE OWNER OF THE VEHICLE DESCRIBED BELOW THAT WILL BE OPERATED AS A TAXI / LIMOUSINE FOR _____ TAXI / LIMOUSINE COMPANY.

DESCRIPTION OF TAXI CAB OR LIMOUSINE:

Year, Make and Model of Vehicle: _____

Description of Vehicle: _____
(Color, 4-door, tinted windows, etc.)

Serial Number (VIN): _____

License Plate #: _____

Seating Capacity: _____

This Application must be accompanied by a copy of the vehicle(s) registration, Power of Attorney and an ORIGINAL certificate of insurance for each taxi or limousine.

Applicant's Signature

Date

Sworn and subscribed to
before me at _____
this date _____

Notary Public of New Jersey

FOR OFFICIAL USE OF EAST WINDSOR TOWNSHIP OFFICIALS ONLY:

Date Application Filed: _____

POLICE RECOMMENDATION: _____ Date: _____

Approved: _____ Denied: _____

Chief of Police Signature: _____

Owner License Number: _____

FEES: Drivers: \$50.00. Renewals in sequential years \$15.00 (Drivers)

\$25.00 per vehicle

\$10.00 certified letter to Motor Vehicle

\$10.00 Tag Transfer

\$25.00 Failure to Renew by January 31 (per application)

Total Paid: _____ Date: _____ Check/Cash

TAXI DRIVER



POWER OF ATTORNEY

I, _____, the undersigned affirm that, for the purpose of complying with the laws of New Jersey relating to the registration of vehicles in said State, hereby irrevocably appoint the Director, Division of Motor Vehicles, State of New Jersey, Department of Transportation, its true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy or bond filed with the Township of East Windsor in conjunction with such registration in accordance with NJSA 48:1 et seq.

It is requested that a copy of any notice, process or pleading service hereunder be mailed to:

**TOWNSHIP OF EAST WINDSOR
MUNICIPAL CLERK'S OFFICE
16 LANNING BOULEVARD
EAST WINDSOR, NEW JERSEY 08520**

Date

Signature – Title

Business Name

Business Address

City, State, Zip Code

NOTARY CERTIFICATE

State of New Jersey }
County of Mercer }

Sworn and subscribed before me this _____
day of _____, 20__.

Notary Public