

FOR OFFICIAL USE

Date Approved: _____
License # Issued: _____
Fee Received: _____

Borough of Point Pleasant Beach
416 New Jersey Avenue
Point Pleasant Beach, NJ 08742
732-892-1118 x210 / Fax 732-892-1270



APPLICATION FOR CAB "COMPANY" LICENSE

Full Business Name: _____ Phone #: _____

Principal Place of Business:
Street Address: _____ Fax #: _____

City/State/Zip _____ Email Address: _____

Type of Business: Corporation Individual/Sole Proprietorship Limited Liability Co. Partnership

Length of Time in Business: _____ Character of Business: _____

QUALIFICATIONS:

Provide the previous experience of the Applicant in the transportation of passengers for hire, including the name of any other state or municipality where the Applicant has ever been licensed to operate a taxi/autocab: _____

Has any application for the issuance or renewal of a license been denied? No Yes
If yes, indicate the reason for the denial: _____

Has any taxicab license issued to the Applicant, or any persons or entity listed ever been revoked or suspended? No Yes
If yes, identify the following:
Jurisdiction revoking or suspending license: _____
Date of revocation or suspension: _____
Reason given by jurisdiction for revocation or suspension: _____

Write additional explanatory information on the reverse of this form or on a separate sheet of paper.

IF THE ANSWER IS "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE REVERSE SIDE OF THIS FORM OR ON A SEPARATE SHEET OF PAPER:

- Prosecuting jurisdiction, case number and date of conviction.
- Offense(s) charged.
- Offense(s) upon which conviction was entered.
- Additional explanatory information, if desired.

Has Applicant, or any person or entity listed, been convicted of a felony based upon his/her conduct or involvement in such business activity or similar business within the past ten (10) years?
 Yes No

Has applicant been convicted of a felony or misdemeanor unrelated to his/her conduct or involvement in such business activity or similar business, but which felony or misdemeanor involved the use of a deadly weapon or possession of a deadly weapon, unlawful possession with the intent to deliver narcotic drugs or the possession with the intent of personal use or attempted possession of narcotic drugs, or violence against any other person, or threatened violence against another person, including criminal assault and sexual abuse within the past ten (10) years? Yes No

Has Applicant or any person or entity listed as Officer, Shareholder, Member, Manager or Partner, ever been convicted of a misdemeanor based upon his/her conduct or involvement in such business activity or similar business within the past two (2) years? Yes No

SUBMITTALS:

In addition to this application, the following are submitted as applicable:

- List of Vehicles (including Cab#, Make, Model, Year, VIN#)
- Location of Any Proposed Depots or Terminals
- A full color sketch or photograph showing the color scheme of the taxicabs to be operated by the Applicant and another full color sketch or photograph of any insignia or design which the Applicant intends to use to identify his taxicabs.

Applicant understands and agrees that additional information and material may be required during the processing of this application related to applicant's qualifications, the information provided herein, including attachments. Applicant agrees to provide such additional information and material and that failure to do so may delay the processing of this application or result in its denial.

INDIVIDUALS:

For each Person, Owner, Partner, Officer, Director, Member and Stockholder holding directly or beneficially more than 5% of stock in the business please provide the following information:

Name	Position Held Within Organization i.e. Owner, Managing Partner, General Partner, Shareholder, Officer (name office held)	% of Stock Owned or Membership Interest

FOR EACH OF THE INDIVIDUALS ABOVE PLEASE PROVIDE THE FOLLOWING INFORMATION:

(If you need additional pages, please photocopy page 3 and insert additional pages at that location)

Name: _____ Phone #: _____
Address: _____ Date of Birth: _____
City/State/Zip: _____ Place of Birth: _____
Social Security #: _____ DL# _____
Position Held with Above Named Business: _____

Citizen of the United States? Yes No Naturalized Citizen: Yes No

If you are a naturalized citizen, give date and city of naturalization: _____

Court in which (or law under which) you were naturalized: _____

Name: _____ Phone #: _____
Address: _____ Date of Birth: _____
City/State/Zip: _____ Place of Birth: _____
Social Security #: _____ DL# _____
Position Held with Above Named Business: _____

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If you are a naturalized citizen, give date and city of naturalization: _____

Court in which (or law under which) you were naturalized: _____

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Address: _____ Date of Birth: _____
City/State/Zip: _____ Place of Birth: _____
Social Security #: _____ DL# _____
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City/State/Zip: _____ Place of Birth: _____
Social Security #: _____ DL# _____
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Address: _____ Date of Birth: _____
City/State/Zip: _____ Place of Birth: _____
Social Security #: _____ DL# _____
Position Held with Above Named Business: _____

Citizen of the United States? Yes No Naturalized Citizen: Yes No

If you are a naturalized citizen, give date and city of naturalization: _____
Court in which (or law under which) you were naturalized: _____

ATTESTATION:

The undersigned, does further state as follows:

- A. That the undersigned is empowered to prepare and sign this application on behalf of the Applicant.
- B. That the undersigned has reviewed this application, and all attachments and submittals, and that the information contained herein is true and accurate.
- C. That the undersigned, on behalf of the Applicant, acknowledges and agrees that a false statement knowingly made in this application shall bar the Applicant from further consideration and the application shall be denied.
- D. In accordance with the Borough of Point Pleasant Beach Municipal Code, the Point Pleasant Beach Police Department shall investigate the criminal history and veracity regarding information on this application by the owner or owners of the Applicant cab company. The Applicant authorizes and agrees that the New Jersey State Police or other agency release information to the Point Pleasant Beach Police Department in that regard.

APPLICANT _____

BY:

Signature _____

Print Name _____

Title _____