

**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 TAXI "DRIVER" LICENSE**

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

US Citizen?  Yes  No

Name of Taxicab Company You Plan to Work For: \_\_\_\_\_

Please list all places you have resided in last five (5) years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list previous employers in last five (5) years:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dated Employed: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dated Employed: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dated Employed: \_\_\_\_\_

Have you ever been convicted of any criminal or quasi-criminal statute, including municipal ordinances and traffic laws?  Yes  No

If yes, identify the following: *(Add additional page if necessary.)*

Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Have you ever had your driver's license revoked/suspended?  Yes  No

If yes, identify the following: *(Add additional page if necessary.)*

Jurisdiction revoking or suspending license: \_\_\_\_\_

Date of revocation or suspension: \_\_\_\_\_

Reason given by jurisdiction for revocation or suspension: \_\_\_\_\_

**SUBMITTALS:**

In addition to this application, the following must be submitted:

- Medical Examiner's Certificate
  - Two (2) passport size photographs (2"x2") taken within last 30 days.
  - Application Fee \$50.00.
- 
- 

**ATTESTATION:**

The undersigned, does further state as follows:

1. I herewith present a certificate of Dr. \_\_\_\_\_ showing that he/she has examined me within sixty (60) days and that I am of sound physique, have good eyesight, am not subject to epilepsy, vertigo, heart trouble or any other infirmity of the body or mind which might render me unfit for the safe operation of a taxicab.
2. I am able to read and write the English language.
3. I have not been dishonorable discharged from the armed forces of the United States.
4. I am not a member of a subversive group that advocates the overthrow of the government by force.
5. I have been fingerprinted within ten (10) days prior to the making of this application.
6. I have reviewed this application, and all attachments and submittals, and that the information contained herein is true and accurate. I acknowledge and agree that a false statement knowingly made in this application shall bar the Applicant from further consideration and the application shall be denied.
7. 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 applicant. 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.

---

Signature of Applicant

---

Date