

**BOROUGH OF MANASQUAN**  
**TAXI/AUTOCAB LICENSE APPLICATION**  
**DRIVER 2014**

This application is to be used to apply for the right to operate within this Borough any taxi/autocab duly licensed hereunder. Such license may only be issued in the name of an individual and not in the name of a business entity.

The granting of a Taxi/Autocab Driver's License does not authorize the applicant to drive/operate any Taxi/Autocab in the Borough unless the vehicle operated is validly licensed through an application for a Taxi/Autocab Owner's License issued by the Borough.

**SECTION 1: IDENTIFYING INFORMATION**

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

Address/ PO: \_\_\_\_\_ Suite# \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Dates: From \_\_\_\_\_ to present.

List any previous names used or known by (i.e. maiden name, name change) \_\_\_\_\_

Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Year in U.S.: \_\_\_\_\_ or Country of Citizenship: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Address/PO: \_\_\_\_\_ Suite# \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates: From \_\_\_\_\_ to present

**Employment History:**

List All Current and previous employers over the last five (5) years:

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

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**SECTION 2. DRIVERS LICENSE INFORMATION (Please attach a copy of your Drivers License)**

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Number of Years Driving: \_\_\_\_\_

I acknowledge I am required to submit a copy of New Jersey Drivers History Abstract within forty (40) days of securing the application and agree to submit same.

\_\_\_\_\_  
Applicant's Signature

**SECTION 3: CHARGES OR CONVICTIONS**

Has your Driver's License ever been revoked in this State or any other State? \_\_\_\_\_

If yes, provide Jurisdiction: \_\_\_\_\_ Length of suspension \_\_\_\_\_ Explanation of cause of revocation or suspension of license: \_\_\_\_\_

Have you at any time been convicted of driving under the influence? \_\_\_\_\_ if yes, date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Violation charged: \_\_\_\_\_

Fine \_\_\_\_\_

Have you ever been charged with, arrested or convicted of a crime or other violation of law including municipal ordinances other than parking? \_\_\_\_\_ If yes, Jurisdiction \_\_\_\_\_

Violation Charged: \_\_\_\_\_

Fine \_\_\_\_\_

**SECTION 5. CERTIFICATION**

**CERTIFICATION**

The applicant must also furnish any additional information requested by Borough officials in order to enable the Mayor and Council to decide whether the license should be issued.

By signing this application, applicant hereby consents to and agrees to submit to a state and federal criminal history check and a motor vehicle history check, either by fingerprinting, live scan or other methods through the State vendor, at the Borough's sole discretion, which shall be forwarded to the Borough at the cost and expense of the applicant.

Applicant acknowledges that applicant is familiar with and shall comply with the provisions of Borough Ordinance 2098-11 regarding the licensing of and operation of taxi/autocabs in the Borough of Manasquan.

I certify the foregoing statements are true. I further certify that if any of the foregoing statements are willfully false I am subject to punishment.

\_\_\_\_\_  
(Signature of Applicant)

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

\_\_\_\_\_  
Name of Applicant Printed

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Payment Amount \_\_\_\_\_ Payment Type \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Received By \_\_\_\_\_

License # Issued \_\_\_\_\_