

No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

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

Receipt No. \_\_\_\_\_

**TOWNSHIP OF NORTH BERGEN**  
**DEPARTMENT OF PUBLIC SAFETY**

**LICENSE INSPECTOR**

**Application for Taxicab & Limousine Operator's License**

*All questions in this application must be fully and truthfully answered, otherwise applicant will not be considered for the license.*

I, the undersigned, hereby apply to the License Inspector for a license to operate a taxicab in the Township of North Bergen, and for that purpose file the following photograph and description of myself, and give the following answers to the questions contained in this application.

1. What is your full name? \_\_\_\_\_

2. Where do you live? \_\_\_\_\_

3. What is your phone number? \_\_\_\_\_

4. What is your date of birth? \_\_\_\_\_ 5. Where were you born? \_\_\_\_\_

6. Name of the taxicab company where you are employed? \_\_\_\_\_

7. What is the address of this taxicab company? \_\_\_\_\_

8. Where have you live for the past five (5) years? (Give dates and addresses) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. How long have you been a resident of North Bergen? \_\_\_\_\_

10. Are you married or single? \_\_\_\_\_

11. Are you a citizen of the United States? \_\_\_\_\_

12. If naturalized, show naturalization papers: \_\_\_\_\_

13. What is your NJ State Driver's License Number? \_\_\_\_\_ Year \_\_\_\_\_

14. Has any license issued to you by the Township of North Bergen ever been suspended or revoked?

If YES, please explain \_\_\_\_\_

RECEIVED: \_\_\_\_\_

DATE: \_\_\_\_\_

15. Name of present employer \_\_\_\_\_

16. Have you ever been arrested or summoned to court on ANY charge in the State of New Jersey or in ANY other State? If yes give particulars and disposition of EVERY case. \_\_\_\_\_

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**STATE OF NEW JERSEY**  
**TOWNSHIP OF NORTH BERGEN**  
**COUNTY OF HUDSON** } **SS.**

\_\_\_\_\_ being duly sworn, deposes and says that \_\_\_\_\_ is the individual making the foregoing application for a taxicab operator's license; that the answers to the foregoing questions and other statements contained therein are true of \_\_\_\_\_ own knowledge and belief.

Sworn to me, this \_\_\_\_\_ (Signed) \_\_\_\_\_

Day of \_\_\_\_\_, 2\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: In case the applicant moves during the licensed year, they must notify the North Bergen License Inspector and New Jersey Motor Vehicle Commission of his new address.

# REPORT OF PHYSICAL EXAMINATION

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**TO THE LICENSE DIVISION:**

I have examined \_\_\_\_\_

Address \_\_\_\_\_

**And make the following report:**

Eyesight \_\_\_\_\_

Hearing \_\_\_\_\_

Heart \_\_\_\_\_

**Are there any indications to show that the applicant is subject to:**

Epilepsy \_\_\_\_\_

Vertigo \_\_\_\_\_

**Are there any infirmities in the body or mind which, in the judgment of the physician, would render the applicant unfit to operate a taxicab? If an, please give detailed information** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Description**

(a) Complexion \_\_\_\_\_

(b) Sex \_\_\_\_\_

(c) Height \_\_\_\_\_

(d) Weight \_\_\_\_\_

(e) Eye Color \_\_\_\_\_

(f) Hair Color \_\_\_\_\_

(g) Age \_\_\_\_\_

Date of Photograph \_\_\_\_\_

Physician \_\_\_\_\_ Date of Examination \_\_\_\_\_

Address \_\_\_\_\_

