



CITY CLERK'S OFFICE
CITY OF ENGLEWOOD
2-10 North Van Brunt Street
Englewood, NJ 07631
Phone: (201) 510 - 8212 (8213)
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APPLICATION FOR TAXICAB DRIVER'S LICENSE

City Code Chapter 393

() New () Renew () Veteran

Date Filed: _____

License No. _____

Approved _____

\$20.00 (191-6) Fee Paid: _____

Veteran's Papers Submitted: _____

INDIVIDUAL APPLICANT:

Name: _____ Tele #: _____

Home Address: _____ City: _____

Length of residence in at the address? _____ In NJ?: _____

Date and Place of birth: _____

Age: _____ Height: _____ Weight: _____ Sex: _____ Eye Color _____ Hair Color: _____

Are you a citizen? _____ If naturalized, give date: _____ Can you read and write the English language?: _____

Have you ever been convicted of a crime?: _____ If so, give details: _____

NEW JERSEY STATE DRIVER'S LICENSE

License Number for current year: _____ Have you had this license for at least three (3) years? _____ Has this license ever been revoked?: _____ If so, give details: _____

What Taxicab Company do you intend to work for?: _____

Address of Taxicab Company: _____

Prior Englewood Taxicab Driver's license number: _____ Year issued: _____

Are you a honorable discharged veteran?: _____ Date of Discharge: _____

Date of entry into service: _____ Date of Discharge: _____

You must show your Honorable Discharge papers at the time this application is submitted:

REFERENCES: Give name and address of two references other than employer or relatives:

The acceptance of this application and the payment of the necessary fee does not give the applicant any rights until approval and a formal license are issued. **FEES ARE NON - REFUNDABLE**

Signature of Applicant: _____ Date: _____

Do not write below this line

Report of the Chief of Police

Date: _____

Signature: _____