

TAXI CAB APPLICATION FOR OPERATORS LICENSE

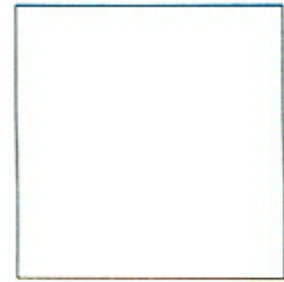
1. 3 PHOTOGRAPHS
2. DRIVERS LICENSE
3. BIRTH CERTIFICATE
4. DOCTORS CERTIFICATE
5. SOCIAL SECURITY NUMBER

TOWN OF KEARNY
HUDSON COUNTY, NEW JERSEY

- NEW
- RENEWAL

License No. _____

Date _____



passport size photo

APPLICATION FOR TAXI DRIVER'S LICENSE

I, the undersigned do hereby apply to the Mayor and Council of the Town of Kearny for a license to drive a taxi cab in the Town of Kearny, and for that purpose file the above photograph and following description of myself and give the following answers to the below questions in this application:

Full name: _____

Name of licensed taxi owner employing you: _____

Are you of sound physical condition with good eyesight, and not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render you unfit for the safe operation of a public taxi? _____

If no, explain _____

Are you able to read and write the English language? (yes or no) _____

Are you clean in person and dress, and not addicted to the use of intoxicating liquors or drugs? (yes or no) _____

If no, explain _____

APPLICANT MUST FILL OUT THE FOLLOWING IN THEIR OWN HANDWRITING

Applicant's address: _____

Age: _____ Place of birth _____ US Citizen (yes or no) _____

Race _____ Hair Color _____ Eye Color _____ Sex: _____

Height _____ Weight _____ Marital status _____

Have you ever been arrested, charged with or convicted of any crime or any other violation of law?(yes or no) _____

If yes, explain _____

Have you ever been previously licensed as a driver or chauffer? _____ If yes where? _____

Was your license ever revoked? (yes or no) _____ If yes explain why _____

Are you familiar with the traffic and taxi regulations and the geography of Kearny? (yes or no) _____

Signature

Date

KEARNY POLICE DEPARTMENT

TAXI CAB APPLICATION

NAME _____ HOME TEL. # _____

ADDRESS _____ D.O.B. _____

CITY _____ STATE _____ ZIP _____

DR. LIC # _____ S.S.# _____

SCARS, MARKS, TATTOOS _____

SEX _____ RACE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ COMP _____

NEXT OF KIN : NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME & LOCATION OF TAXI CAB COMPANY AND PHONE NUMBER

HAVE YOU EVER BEEN ARRESTED FOR ANY REASON YES _____ NO _____

IF YES, GIVE DETAILS: _____

I DO HEREBY SWEAR THAT ALL INFORMATION CONTAINED HEREIN IS TRUE, KNOWING THAT ANY FALSE INFORMATION WILL BE PROSECUTED UNDER N.J.S. 2C:28-3B(1)

SIGNATURE

CLERK TO ME ON.

WITNESS

Give names and addresses of your employers and your occupation for the past five years -- Include Cab Companies.

Date	Employer	Address	Occupation

What is the extent of your education?

	School	Address	Grade attained
Primary			
Secondary			
College			

In consideration of the license hereby applied for, the applicant agrees to abide by and accept all the terms, conditions, limitations and restrictions contained in an ordinance entitled, "An Ordinance regulating and licensing taxicabs and taxicab drivers in the Town of Kearny and providing penalties for the violation thereof." Passed February 9, 1972.

AFFIDAVIT

State of New Jersey }
 Town of Kearny } ss.
 County of Hudson }

_____ Being duly sworn deposes that he is the individual and the answers to the foregoing questions are true to the best of his knowledge and belief.

Sworn before me this _____ Signed _____

day of _____ 19____ Address _____

REFERENCES

I, _____ Being duly sworn, do depose and say: That I have known _____ the applicant for a license herein mentioned, for a period of not less than two years and that I know him to be a man of good character.

Sworn and subscribed before me this

_____ day of _____ 19____ Signature _____

_____ Address _____

I, _____ Being duly sworn, do depose and say: That I have known _____ the applicant for a license herein mentioned, for a period of not less than two years and that I know him to be a man of good character.

Sworn and subscribed before me this

_____ day of _____ 19____ Signature _____

_____ Address _____

The application of _____ for a public taxicab drivers license is hereby approved.

Chief of Police