

TOWN OF KEARNY
TOWN HALL
KEARNY, N.J.

NEW
RENEWAL
LICENSE NO. _____



APPLICATION FOR TAXI CAB OWNER'S LICENSE

Date _____

For Individual Owner

Name _____ Address _____

the undersigned, hereby applies to the Mayor and Council for a license to operate a taxicab (s) as described below within the Town of Kearny.

Age _____ Date of Birth _____ Citizen _____

If naturalized, when and where _____
Date Number Location of Court

For Partnership or Corporations

Firm Name _____

Address _____

Give names of Partners or Corporation Officials (Give Titles)

Name _____ Address _____

Age _____ Date of Birth _____ Citizen _____ Title _____

Name _____ Address _____

Age _____ Date of Birth _____ Citizen _____ Title _____

Name _____ Address _____

Age _____ Date of Birth _____ Citizen _____ Title _____

Name _____ Address _____

Age _____ Date of Birth _____ Citizen _____ Title _____

Are all partners citizens of the United States. _____
Date Number Location of Court

If naturalized, when and where?

What is your previous experience in public transportation? _____

State any facts which you believe tend to prove that public convenience and necessity require the granting of this license. _____

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 and 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 _____

