



CITY OF ELIZABETH, NEW JERSEY

DEPARTMENT OF ADMINISTRATION

CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462

Phone: (908) 820-4178

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BRIDGET S. ANDERSON
Business Administrator

CLARA GOODRIDGE
Chief License Inspector

J. CHRISTIAN BOLLWAGE
Mayor

APPLICATION FOR TRANSFER OF CERTIFICATE OF PUBLIC CONVENIENCE & NECESSITY (CPCN)

NEW: _____

FEE: \$350

CURRENT: _____

Date of Application _____

Permit Number _____

I, the undersigned, do hereby make application to transfer a Taxicab Certificate of Public Convenience & Necessity (CPCN) pursuant to Ordinance 5.100.080 of the City of Elizabeth, as adopted and amended, and provide the following information for said application:

TRANSFEROR NAME:

Trading or Doing Business As: _____

Business Address: _____

Business Tax ID #: _____

Home address: _____

Telephone: Business: _____ Home: _____

TRANSFeree NAME:

Trading or Doing Business As: _____

Business Address: _____

Business Tax ID #: _____ Social Security #: _____

Home address: _____

Telephone: Business: _____ Home: _____

TRANSFEREE SECTION:

1. If Corporation, in what State incorporated? _____

Date of Incorporation: _____

Registered Agent: _____

2. Firm or Corporation Members

Name Address Phone Number Percentage (%) of Ownership

3. Are there any outstanding liens or unpaid judgments against you, LLC members, corporate officers, or stock holders? YES _____ NO _____

If Yes, please list in detail the nature of the transaction giving rise to said liens or judgments.

4. Is your Corporation in Good Standing? YES _____ NO _____

If No, please provide details:

5. Have you or any member of your Firm or Corporation been convicted of a crime or misdemeanor?

YES _____ NO _____

If Yes, give details:

APPLICANT CERTIFICATION

I certify that the foregoing statements made by me in this application are true. I am aware that if any of the foregoing statements made by me are willfully false, this application will be invalidated and I am subject to punishment under law.

Signature of Applicant

Sworn and Subscribed to before me

This _____ day of _____, 20 _____

Notary Public



PERMIT HOLDER CERTIFICATION

I certify that the foregoing statements made by me in this application are true. I am aware that if any of the foregoing statements made by me are willfully false, this application will be invalidated and I am subject to punishment under law.

Signature of Applicant

Sworn and Subscribed to before me

This _____ day of _____, 20 _____

Notary Public