



TO: ALL TAXI DRIVERS
FROM: CENTRAL LICENSE BUREAU/CITY OF ELIZABETH
RE: ISSUANCE OF TAXI LICENSES FOR DRIVERS

PLEASE BE ADVISED THAT ALL TAXI CAB DRIVERS WILL BE REQUIRED TO BE LICENSED BY THE CITY OF ELIZABETH CENTRAL LICENSE BUREAU. APPLICANT MUST BE A LICENSED DRIVER FOR A MINIMUM OF ONE (1) YEAR AND IS REQUIRED TO HAVE A NEW JERSEY DRIVER'S LICENSE. PLEASE FOLLOW THE INSTRUCTIONS LISTED BELOW:

- 1. PICK UP APPLICATION FROM CENTRAL LICENSE BUREAU.**
- 2. COMPLETE APPLICATION.**
- 3. APPLICATION MUST BE NOTARIZED.**
- 4. DOCTOR'S CERTIFICATE MUST HAVE A SIGNATURE AND DOCTOR'S STAMP.**
- 5. ATTACHED DRIVER HISTORY ABSTRACT REQUEST MUST BE COMPLETED BY REGIONAL DIVISION OF MOTOR VEHICLE.**
- 6. GO TO THE ELIZABETH POLICE DEPARTMENT MONDAY THROUGH FRIDAY WITH YOUR COMPLETED APPLICATION AND \$10.00 (CASH OR MONEY ORDER) FOR YOUR LOCAL POLICE RECORD CHECK. THE ELIZABETH POLICE DEPARTMENT WILL ISSUE TO YOU A FORM AS YOU MUST SCHEDULE YOUR OWN APPOINTMENT TO BE FINGERPRINTED WITH MORPHO TRAK.**

THIS FEE IS \$41.00.

LICENSES WILL BE READY FOR PICK UP IN APPROXIMATELY FOUR (4) TO SIX (6) WEEKS. AFTER APPLICATION IS COMPLETED, LEAVE APPLICATION AT THE ELIZABETH POLICE DEPARTMENT. NO ONE WILL RECEIVE A LICENSE WITHOUT THEIR FINGERPRINTS, RECORD CHECK, AND DRIVER'S ABSTRACT.

TAXI LICENSE:

\$90.00 CASH (OR MONEY ORDER, MADE PAYABLE TO "CITY OF ELIZABETH")

ALSO REQUIRED: SOCIAL SECURITY CARD

PROOF OF CITIZENSHIP

PROMISE OF EMPLOYMENT LETTER

PROOF OF INSURANCE COVERAGE WITH EMPLOYER

TAXICAB DRIVER'S LICENSE APPLICATION

License No.
(official use only)

For the purpose of this application, the definitions listed in Chapter 133 of the Code of the City of Elizabeth will prevail.

Fee amount: _____ Cash Check (Check # _____) Money Order

PLEASE PRINT OR TYPE

1. DATE: _____
2. NAME: _____
3. CONTACT ADDRESS IN THE UNITED STATES OF AMERICA:

4. CITY: _____ STATE: _____ ZIP CODE: _____
5. TELEPHONE NUMBER: _____
6. HOW LONG HAVE YOU RESIDED AT THIS ADDRESS?: _____
7. COUNTRY OF CITIZENSHIP: _____
8. EMERGENCY CONTACT PERSON: _____
9. TELEPHONE NUMBER: _____
10. DATE OF BIRTH: _____
11. SOCIAL SECURITY NUMBER AND/OR RESIDENT ALIEN NUMBER:

12. DRIVER'S LICENSE NUMBER: _____

13. COMPANY YOU CURRENTLY DRIVE FOR:

14. HOW MANY YEARS HAVE YOU DRIVEN FOR CURRENT COMPANY:

15. PLEASE LIST THE TOTAL NUMBER OF YEARS YOU HAVE DRIVEN A TAXICAB, WHERE YOU HAVE DRIVEN, AND FOR WHOM YOU HAVE BEEN EMPLOYED FOR EVERY YEAR YOU HAVE BEEN A TAXICAB DRIVER IN THE CITY OF ELIZABETH (e.g. 12 years total, 7 years ABC Airport Cab Co., and 5 Years Proud Lady City Cab Co.)

| Total # of Years Worked | <u>Airport</u> # of Years and Company Name | <u>City</u> # of Years and Company Name |
|-------------------------|---|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

16. DO YOU, INDIVIDUALLY, OR AS A MEMBER OF A CORPORATION, ENTITY OR PARTNERSHIP, OWN AN AIRPORT AND/OR CITY TAXICAB PERMIT? (Please list Permit #'s, Years owned, and Name of Permit Owner for each year)

17. DO YOU READ AND WRITE ENGLISH? : _____

18. HAVE YOU BEEN CONVICTED FOR VIOLATION OF ANY LAW? IF YES, PROVIDE DETAILS (USE BACK OF APPLICATION IF MORE SPACE NEEDED):

19. HAS YOUR NEW JERSEY'S DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? IF YES, PROVIDE DETAILS (USE BACK OF APPLICATION IF MORE SPACE NEEDED):

20. ARE YOU NOW, OR HAVE YOU EVER BEEN ADDICTED TO NARCOTICS OR ALCOHOL?:

21. WERE YOU PREVIOUSLY LICENSED AS A TAXICAB DRIVER IN THE CITY OF ELIZABETH? (If so, for what years):

PERSONAL REFERENCES (No relatives)
(Provide Name, Address, City/State, and Telephone #)

| NAME | ADDRESS | CITY/STATE | TELEPHONE # |
|-------|---------|------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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. I will lose my right to obtain a taxicab driver's license and I am subject to punishment under law.

Signature of Applicant

Sworn and subscribed before me
This _____ day of _____

Notary Public



CITY OF ELIZABETH, NEW JERSEY

DEPARTMENT OF ADMINISTRATION

CENTRAL LICENSE BUREAU

50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462

Phone: (908) 820-4178

Fax: (908) 820-0369

BRIDGET S. ZELLNER
Business Administrator

CLARA GOODRIDGE
Chief License Inspector

J. CHRISTIAN BOLLWAGE
Mayor

TAXI CAB DRIVER MEDICAL EXAMINATION

This is to certify that I have examined:

_____ ,

an applicant for a TAXI CAB DRIVER driver's license and find that he or she is of sound physique with good eyesight and not subject to epilepsy, vertigo, heart trouble, or any other infirmity of body or mind which might render him or her unfit for the safe operation of a TAXI CAB (DRIVER) except as follows:

Date of Examination:

Physician's Stamp:

(Form must be stamped in space provided)

Physician's Signature:
