

Return to:  
Borough Clerk's Office  
263 Somerset Street  
North Plainfield, NJ 07060  
908-769-2910

**Borough of North Plainfield**  
**Two-Year License Application**  
**Taxicab Owners**  
(N.P.R.G.O. 4-1.2)

Date Filed: \_\_\_\_\_  
Fee: \$650.00 \_\_\_\_\_  
New \_\_\_\_ Renewal \_\_\_\_

Application must be completed in its entirety and submitted to the Borough Clerk's Office with the following:

- New Jersey Driver's License
- Registration for each vehicle
- Copy of Insurance Card for each vehicle
- Current Driver's Abstract obtained from the New Jersey Motor Vehicle Commission
- (2) Recent 2 inch by 2 inch passport style photographs

Applicant will then receive paperwork to be fingerprinted.

Name of applicant: \_\_\_\_\_

Applicant address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Residence telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Taxicab Company: \_\_\_\_\_

Business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

If the business is a partnership, provide all information listed above for all of the partners:

\_\_\_\_\_

If a corporation, provide copy of the documents establishing the business and the following:

State of incorporation: \_\_\_\_\_

Business address of corporation: \_\_\_\_\_

Business telephone number of corporation: \_\_\_\_\_

Names of all officers, directors, managers and stockholders owning more than ten percent (10%) of the stock of the corporation: \_\_\_\_\_

A written description of any past business experience of the applicant in providing passenger transportation services, identification and description of any revocation or suspension of a license or permit held by the applicant or business before the date of the filing of the application:

\_\_\_\_\_

Number of vehicles: \_\_\_\_\_

A written description of the proposed insignia and color scheme for the taxicabs and description of the distinctive item of apparel, if any, to be worn by the taxicab drivers:

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For each vehicle to be licensed, a description of the vehicle, including the manufacturer, body type, year, vehicle identification number, state registration number, state license number and expiration date.

*\*If the vehicle is leased, a copy of the lease agreement pertaining to each vehicle.*

(1) Manufacturer: \_\_\_\_\_ Body type: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(2) Manufacturer: \_\_\_\_\_ Body type: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(3) Manufacturer: \_\_\_\_\_ Body type: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(4) Manufacturer: \_\_\_\_\_ Body type: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**References (must be citizens and cannot be family members):**

1. \_\_\_\_\_  
(Name)

2. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Telephone Number)

I, swear or affirm, to the best of my knowledge, that the information contained in this application is true and complete.

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Below for Borough use only:

- Copy of Driver's License attached
- Copy of Registration for each vehicle attached
- Copy of Insurance Card for each vehicle attached
- Copy of Driver's Abstract attached
- Recent 2-inch x 2-inch photos submitted
- If a corporation, copies of documents establishing the business
- If the vehicle is leased, copy of the lease agreement for each vehicle
- Fingerprint check complete