



TOWNSHIP OF ROCKAWAY
OFFICE OF TOWNSHIP CLERK

TAXICAB LICENSE APPLICATION

This application must be filled out completely and submitted to the Rockaway Township Clerk's Office in Duplicate. All Taxicab Licenses shall expire annually on March 31 of the year of issuance. Any changes in the information provided in the application must be provided to the Township Clerk within 72 hours of said change.

Name of Taxicab Company _____

Address of Taxicab Company _____

Phone Number of Taxicab Company _____

CORP CODE of Taxicab Company _____

Name of Owner of Taxicab Company _____

Home Address of Owner of Taxicab Company _____

Home Phone Number of Taxicab Owner _____

Cell Number of Taxicab Owner _____

Name and Home Address of all Persons having an ownership interest in the Taxicab Company

1. _____

2. _____

List of Vehicles owned by Taxicab Company:

1. _____
Make, Model, Year, Vehicle Identification Number, and Number of Passengers Allowed

2. _____
Make, Model, Year, Vehicle Identification Number, and Number of Passengers Allowed

3. _____
Make, Model, Year, Vehicle Identification Number, and Number of Passengers Allowed

4. _____
Make, Model, Year, Vehicle Identification Number, and Number of Passengers Allowed

5. _____

Make, Model, Year, Vehicle Identification Number, and Number of Passengers Allowed

If more space is needed, please attach an additional page

Have you or any other owner ever been convicted of a crime, misdemeanor or violation of any municipal ordinance?

Yes _____ No _____

If Yes, provide the following information:

Nature of Offense _____

Punishment or Penalty _____

Attach a copy of the "Qualification Certification issued by the State of New Jersey approved fingerprinting agency.

Attach a full copy of the Company's Automobile Liability Insurance Policy. No ACCORD certificates will be accepted.

Attach proof that the vehicle(s) you are applying for has/have been inspected when due by a state-authorized inspection facility and that said vehicle has passed all required inspections.

Attach the original Power of Attorney pursuant to N.J.S.A. 48:16-5.

If, the principal place of business is within Rockaway Township, attach a copy of the Rockaway Township Zoning Officer's approval confirming compliance with zoning ordinances.

Submit the \$50.00 Non-refundable application fee with either a check made payable to Rockaway Township or cash.

I certify that the foregoing responses provided are true, and all of the documents provided are genuine. I am aware that if any of the foregoing information provided is willfully false, I am subject to punishment.

Signature of Applicant

Date

Print Name of Applicant

By signing this application, the applicant grants permission for the Rockaway Township Police Department to conduct an investigation in accordance with considerations set forth in Ordinance O-13-15 adopted May 28, 2013.

Signature of Applicant

Date

Print Name of Applicant

CHECK LIST AND APPROVAL FOR TOWNSHIP USE ONLY

A copy of an insurance policy, driver must be listed as insured

received
(to be completed by Clerk)

“Qualification Certification” issued by the State of New Jersey approved fingerprinting agency

received
(to be completed by Clerk)

Power of Attorney

received
(to be completed by Clerk)

Approval by Zoning Officer

Proof that the vehicle has been inspected

received
(to be completed by Clerk)

\$50 fee non-refundable

received
(to be completed by Clerk)

\$25 fee for duplicate license, when applicable.

received
(to be completed by Clerk)

POLICE DEPARTMENT – TOWNSHIP OF ROCKAWAY

This is to certify that the Township of Rockaway Police Department has conducted an investigation in accordance with considerations set forth in Ordinance O-13-15 adopted May 28, 2013.

Signature

Date

TOWNSHIP CLERK'S USE

Clerk's date of Issue _____

License # _____

POWER OF ATTORNEY

That the undersigned, _____ For the purpose of complying with the laws of New Jersey relating to Registration of Taxi Cabs/Limousine vehicles in said state hereby; irrevocably appoints _____, Chief Fiscal Officer of the Township of Rockaway and his/her successor in such office, its true and lawful attorney for the purpose of acknowledging service of any process out of court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy or bond filed with the Township of Rockaway, in conjunction with such registration in accordance with N.J.S.A. 48:16-14.

It is requested that a copy of any notice, process or pleading served, thereunder be mailed to:

Name: _____ Date: _____

Company: _____ Year: _____

Address: _____ Make: _____

_____ VIN #: _____

Signature: _____

(Vehicle information is requested to attach Power of Attorney to each application for licensing.)

CORPORATE ACKNOWLEDGEMENT

State of New Jersey
County of Morris

On this _____ day of _____ 20____,

Before me personally appeared _____, who I am satisfied _____ the person named in the above corporation and that _____ as such Officer being authorized to execute the foregoing instrument for the purpose herein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunder set my hand the official seal.

NOTARY PUBLIC

My Commission Expires _____/_____/_____

