



**TOWNSHIP OF ROCKAWAY  
OFFICE OF TOWNSHIP CLERK**

**TAXICAB VEHICLE LICENSE APPLICATION**

This application must be filled out completely and submitted to the Rockaway Township Clerk's office in Duplicate. All vehicle 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 Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Owner's Business Phone Number: \_\_\_\_\_

Owner's Home Phone Number: \_\_\_\_\_

Cell Number of Owner of Taxicab Company \_\_\_\_\_

If Owner is a corporation, partnership, limited liability company or other business entity, provide the name and address of its registered agent below:

\_\_\_\_\_  
\_\_\_\_\_

Make, Model, Year of Vehicle: \_\_\_\_\_

Plate Number: \_\_\_\_\_

Motor Vehicle Registration Number: \_\_\_\_\_

(NOTE: After registering the vehicle with the New Jersey Motor Vehicle Commission you must return to the clerk's office to provide a copy. Failure to do so within 72 hours of registering the vehicle may result in revocation of license.)

Vehicle Identification Number: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ CORP CODE \_\_\_\_\_

Principal Place of Business for Vehicle: \_\_\_\_\_

Location where vehicle will be parked when not in use: \_\_\_\_\_

\_\_\_\_\_ (restricted to one vehicle stored in a residential zone)

Attach a copy of the current vehicle registration

Attach a copy of your full automobile liability insurance policy, along with a copy of any and all endorsements No ACCORD certificates will be accepted.

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

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

**\*\*\*CHECK LIST AND APPROVAL FOR TOWNSHIP USE ONLY\*\*\***

A copy of an insurance policy; vehicle must be listed as insured

\_\_\_\_\_  
received  
(to be completed by Clerk)

Proof that the vehicle has been inspected when due by a state-authorized inspection facility and has passed all required inspections.

\_\_\_\_\_  
received  
(to be completed by Clerk)

# Current Vehicle Registration

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received  
(to be completed by Clerk)

## **TOWNSHIP CLERK'S USE**

Clerk's date of Issue \_\_\_\_\_

License # \_\_\_\_\_

