

**TOWNSHIP OF WAYNE
CLERK'S OFFICE
475 VALLEY ROAD
WAYNE NJ 07470**

(Governed by Chapter 190)

YEAR _____
New _____
Renewal _____
Adding _____
Adding & Deleting _____

APPLICATION – TAXI CAB/LIMOUSINE LICENSE

Please circle one: CORPORATION, PARTNERSHIP, INDIVIDUAL or LLC

NAME OF APPLICANT: _____

TRADE NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

MAILING ADDRESS: _____

DAY TIME TELEPHONE No. _____

EMAIL ADDRESS: _____

Please Circle One: CORPORATION, PARTNERSHIP, INDIVIDUAL or LLC

IF **INDIVIDUAL:** Name, Home Address, date of Birth

IF **PARTNERSHIP:** Name, Home Address, date of Birth of each Partner.

IF **CORPORATION:** Name, Home Address, date of Birth of each Officer.

IF **LLC:** Name, Home Address, date of Birth of each member.

<u>NAME</u>	<u>HOME ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>POSITION HELD</u>

NAME, ADDRESS OF INSURANCE CO w/ EXPIRATION DATE OF POLICY: _____

VEHICLES:

PLATE NO. _____

SERIAL NO. _____

YEAR _____

MAKE & MODEL _____

COLOR _____

PASSENGER CAPACITY (Not Including Driver): _____

LOCATION OF DEPOT: _____

(FOR ADDITIONAL VEHICLES SEE PAGE 3)

WAYNE TOWNSHIP ZONING ORDINANCE ALLOWS ONLY ONE VEHICLE TO BE PARKED IN A RESIDENTIAL ZONE.

DRIVERS INFORMATION:

<u>NAME</u>	<u>ADDRESS</u>	<u>DRIVERS LICENSE NO.</u>

Has applicant or person(s) mentioned in this application ever been convicted of a crime? **Yes or No**

If yes, submit record.

Has applicant, or any person mentioned in this application ever been convicted of being a disorderly person or in violation of Title 39 "Motor Vehicles and Traffic Regulation" revised statutes of New Jersey?_____

Description of applicant's experience in transportation of passengers:_____

Number of vehicles to be operated or controlled by the applicant and location:_____

IN CASE OF RENEWAL: Number of weeks during the previous six months during which the vehicle to be licensed was used as a taxicab:_____

TO AVOID A DELAY IN THE ISSUANCE OF YOUR LICENSE, PLEASE COMPLETE APPLICATION IN IT'S ENTIRETY

THE FOLLOWING MUST BE SUBMITTED w/APPLICATION:

1. Application fee: **\$50.00 (Ordinance No.30-2010) (Non-Refundable)**
2. License fee: **\$10.00 for each vehicle (Non-Refundable)**
3. Insurance Policy or Declaration Pages
4. Certificate of Liability Insurance listing Vehicle Identification Number(s)
5. Power of Attorney (notarized)
6. Schedule of Rates to be charged
7. If you rent or lease your place of residence and/or place of depot, submit a letter from the property owner with their letter head on it giving you permission to park your taxi cab/limousine at that location.

Does applicant own ___ or lease___ place of business and/or place of depot?

IF PROPERTY IS LEASED GIVE NAME OF LANDLORD, OR HOLDER OF LEASE & ADDRESS, & TEL. NUMBER:

Please make checks payable to Township of Wayne & submit all to the Township Clerk's Office

LICENSE EXPIRES ON MARCH 31, ANNUALLY

Signature & Title

Signature & Title

FOR OFFICE USE ONLY:

FEE PAID _____ CHECK NO. _____ or CASH _____ & DATE _____
ZONING DEPT _____
POLICE DEPT _____
COUNCIL _____

VEHICLES:

PLATE NO. _____
SERIAL NO. _____
YEAR _____
MAKE & MODEL _____
COLOR _____
PASSENGER CAPACITY (Not Including Driver): _____
LOCATION OF DEPOT: _____

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PASSENGER CAPACITY (Not Including Driver): _____
LOCATION OF DEPOT: _____

POWER OF ATTORNEY

I APPOINT THE DIRECTOR OF THE DIVISION OF MOTOR VEHICLES MY TRUE AND LAWFUL ATTORNEY FOR THE ACCEPTANCE OF SERVICE OF PROCESS FOR:

(YEAR): _____

(MAKE): _____

(VIN): _____

OWNER'S SIGNATURE _____

PRINT NAME _____

REGISTERED OWNER _____

ADDRESS _____

**THIS FORM MUST BE
NOTARIZED**

Sworn and subscribed before me this

_____ day of _____.

Notary Public

POWER OF ATTORNEY

I APPOINT THE DIRECTOR OF THE DIVISION OF MOTOR VEHICLES MY TRUE AND LAWFUL ATTORNEY FOR THE ACCEPTANCE OF SERVICE OF PROCESS FOR:

(YEAR): _____ (MAKE): _____

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_____ day of _____.

Notary Public