



TAXI LICENSE APPLICATION **INITIAL REGISTRATION FEE: \$100.00**
ANNUAL FEE: \$25.00 PER VEHICLE

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A TAXI LICENSE IN THE BOROUGH OF ENGLISHTOWN, NEW JERSEY.

NAME: _____

ADDRESS: _____

LENGTH OF TIME AT ADDRESS GIVEN: _____

MAKE OF VEHICLE: _____

OWNER OF VEHICLE: _____

SEATING CAPACITY: _____ HORSE POWER: _____

CURRENT N.J. REGISTRATION: _____

VEHICLE IDENTIFICATION NUMBER: _____

IS VEHICLE & DRIVER COVERED BY INSURANCE AS REQUIRED BY THE LAWS OF THE STATE OF NEW JERSEY PERTAINING TO OPERATION OF A TAXI

NAME AND ADDRESS OF INSURANCE COMPANY:

AMOUNT OF COVERAGE OF SUCH INSURANCE: _____

SIGNATURE OF OWNER

MUNICIPAL CLERK

FOR BOROUGH USE ONLY:

APPROVED: _____

DISAPPROVED: _____

DATE: _____