

**Township of Howell
County of Monmouth, New Jersey**

Taxi Company Owner Application

Fees: \$50.00 per vehicle per year or portion thereof

Term: January 1st — December 31st for the licensing year _____

Fee Received: _____

Date Received: _____

Instructions

This application must be filled out in full and signed by the applicant.

Please type or print clearly all information. Any false statement is sufficient cause for exclusion of the applicant from consideration of licensing. Read each question carefully and answer all that is asked.

OWNERS: All applications must be accompanied by:

- a schedule of fees,
- a copy of vehicle(s) registration, and
- a certificate of insurance for each vehicle.
- Proof of fingerprinting and background check. Fingerprints and background check must be done by Morpho Trac, Inc., and applicant is responsible for any fees associated therewith.

Upon completing this application, take it to a notary public and all applicants must sign the application in the presence of the notary testifying that the statements on the application are true to the best of your knowledge.

Approval of all applications is subject to review by the Township of Howell Police Department.

THERE MAY BE AMENDMENTS TO THE CURRENT TAXI ORDINANCE THAT YOU WILL HAVE TO FOLLOW IN ORDER TO KEEP YOUR APPROVED LICENSE.

This application is limited to a maximum of three (3) taxi companies. The licenses shall be awarded on a first come first serve qualifying basis.

SIGN HERE TO ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS

Applicant: _____

Please be advised that the attached applicant has been fingerprinted and has been cleared with the New Jersey State Bureau of Identification. I have examined the foregoing application and find no police record.

Police Department: _____

OWNER'S INFORMATION — Print or Type all information

Name of Applicant: _____

Company Name: _____

Company/Corporation/Partnership/Individual permanent address: _____

Telephone number: _____

If applicant is a corporation, give name and address of registered agent and Employer Identification Number (EIN#). If applicant is a partnership, give names and addresses of all partners:

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when you are not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle _____

Color : _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

NOTICE TO ALL PERSONS SIGNING THIS FORM:

The Township of Howell reserves the right to prosecute any false statement made on this form to the fullest extent of the law against the signer(s).

Be on notice that any person who includes false statement in this form (whether by omitting requested information, or by including information that is false), and then signs the form, will be subject to punishment. Pursuant to N.J.S.A. 2C:28-3(a), it is a crime of the fourth degree to make a false written statement on this form which the signer does not believe to be true. Pursuant to N.J.S.A. 2C:28-2(a), it is a crime of the fourth degree to make a false statement under oath or equivalent affirmation.

By my signature below, I hereby swear and affirm that:

I am at least twenty-one (21) years of age.

I am (check one) _____ a United States citizen or ____ a legal resident alien. *If a resident alien, a copy of the alien registration card or work permit must be submitted with this application.*

I possess a current and valid New Jersey driver's license. *A copy of your NJ Driver's License must be submitted with this application.*

I am not addicted to the use of narcotics or intoxicating liquors.

I am able to read, speak and understand the English language.

I have not been convicted of any crime involving moral turpitude.

I have taken the time to study state and local motor vehicle laws, rules, and regulations. I have also made sure that I am fully informed of the geography of the Township of Howell, Mercer County, and key locations (such as airports and train stations) in the State of New Jersey.

I have not been convicted, within the three years prior to the date of the application, of reckless driving, driving while intoxicated, leaving the scene of an accident or driving more than 30 miles an hour above the speed limit.

At the time of this application, I have no more than six (6) New Jersey State Division of Motor Vehicle points on my driving record, or the equivalent if licensed in any other state.

I agree that I will inform the Township of Howell in writing **WITHIN THREE DAYS** of any change in, or addition to, the information set forth above in this application.

I am the Owner of the above named company; that the questions are answered by me and that the statements of facts contained in the forgoing application are true to the best of my knowledge, information and belief.

Company Owner's name (printed) _____

Company Owner's signature _____

State of New Jersey

County of Monmouth

Subscribed before me on this _____ day of _____ year _____

Notary Public