



# *Borough of Flemington*

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**APPLICATION FOR:**

\_\_\_\_\_ TAXICAB/LIMO DRIVERS LICENSE \_\_\_\_\_ TAXICAB/LIMO OWNER LICENSE

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

How many years at this address: \_\_\_\_\_

If less than five years, provide previous address:

\_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Registration Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Are you a lawful resident of the United States: \_\_\_\_\_

Have you ever been convicted of a crime: \_\_\_\_\_ If yes, Explain:

\_\_\_\_\_

Have you ever had your driver's license suspended: \_\_\_\_\_ If yes, Explain:

\_\_\_\_\_

Are you currently employed: \_\_\_\_\_ If so where: \_\_\_\_\_

If NOT currently employed, state your last place of employment:

\_\_\_\_\_

Have you ever had a taxi/limo license before: \_\_\_\_\_

If yes, Where was the license issued: \_\_\_\_\_

Has your taxi/limo license ever been revoked: \_\_\_\_\_

If yes, Explain: \_\_\_\_\_

Please select which type of company you have:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Name of Taxi/Limo Company: \_\_\_\_\_

**\*If Corporation or Partnership, please provide additional information as per Ordinance. (attached)**

Name of Insurance Company: \_\_\_\_\_

Amount of Liability Coverage: \_\_\_\_\_

Please provide proof of coverage limits

Policy Number: \_\_\_\_\_

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

License Plate: \_\_\_\_\_ Vin #: \_\_\_\_\_

How Long have you owned this vehicle: \_\_\_\_\_

How many passengers can your vehicle carry: \_\_\_\_\_

What rate will you charge: \_\_\_\_\_

Signature: \_\_\_\_\_

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FOR OFFICIAL USE ONLY

License Issued: TAXICAB OWNER TAXICAB DRIVER

License No. Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Fee: \_\_\_\_\_ Form of Payment: \_\_\_\_\_

Signed: \_\_\_\_\_

NOTES: