

VIN# _____ Make: _____ Year: _____



\$50.00 Fee Paid _____ Check _____ Cash _____
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**Borough of Matawan
Monmouth County, New Jersey
Application for Taxi Owner License**

1. Name of Taxi Cab Company: _____
2. Principal Business Address of Company and Telephone No. _____
3. If a corporation, name and addresses of officers of the corporation: _____

4. If partnership, single proprietorship or LLC, names and addresses of all partners or members of the LLC. _____

5. Names and addresses of all individuals who own more than 10% of the stock of the corporation or if unincorporated, own more than a 10% equity in the partnership or LLC. _____

6. Number of vehicles owned or managed by the cab company. _____
7. Names of other municipalities that have authorized your company to operate as a cab company. _____
8. Has the company's license or individual's license to operate as a cab company ever been suspended or withdrawn by any municipality? _____
9. If so, set forth the name of the municipality and explain the circumstances. _____

10. Set forth the name, address and policy number of the applicant's automobile insurance company and attach herewith a face sheet of the current policy that identifies the limits of the policy.

STATE of NEW JERSEY

County of Monmouth

SS:

I, _____, the undersigned, am authorized to submit the within application for consideration by the Borough of Matawan. I authorize the appropriate officials of the Borough of Matawan to investigate the information set forth on this application including what may be considered personal or confidential information. I affirm that the information contained on this application is true and accurate to the best of my personal knowledge, information, and belief. I am aware that if the information is willfully false, I may be subject to punishment. I am also aware that the Borough of Matawan reserves the exclusive right to not consider this application in any fashion should the information provided in the within application be incorrect or incomplete.

_____.

Dated: _____.

Sworn and subscribed before me by _____, a person known to me or proved to me on the basis of satisfactory evidence, who thereupon on the execution of the within instrument affirmed the facts contained herein as accurate and executed this application as and for his/her act and deed in my presence on the _____ day of _____, 20____.

_____.

Notary Public of the State of New Jersey
My Commission expires on:

SEAL:



MATAWAN POLICE DEPARTMENT



150 Main Street Matawan, NJ 07747
Dispatch (732) 566-1010 Non Emergency (732) 290-2020
Fax (732) 566-4038

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any and all information from any agency to the Matawan Police Department for the purpose of obtaining a:

_____ License Permit
Type of permit/license

_____ Date _____ Signature of Applicant

POLICE RECORD CHECK

Name of Applicant _____

Address _____
Street City

County State Zip Code

Male Female S.S.# _____ - _____ - _____ D.O.B. _____

-----OFFICIAL USE ONLY-----

Date: _____

To: _____ Police Department

The above named person resides in your community and applied for a license/permit in the Borough of Matawan. Please advise if said person has a criminal record. A self-addressed envelope is enclosed for your convenience.

Chief Jason Gallo
Matawan Police Department