

- Copy of driver's license must accompany application.
- Application subject to approval by Matawan Police Department and the Borough of Matawan Council.



\$25.00 Fee	
Paid	_____
Check	_____
Cash	_____
Date	_____

**Borough of Matawan
Monmouth County, New Jersey**

APPLICATION FOR TAXI DRIVER LICENSE RENEWAL

- Name of Taxi Cab Driver:** _____
- Business Name, Address and Telephone No. of Applicant:** _____

- Home address and telephone number of Taxi Cab Driver:** _____

- NJ Driver License Number of Applicant:** _____
- Is your NJ Driver's License suspended or revoked at this time?** _____
- If so, set forth the specifics of the suspension.** _____
- Have you ever been convicted of a crime in the State of New Jersey or any other State as an adult?** _____
- If so, set forth the specifics of any such conviction.** _____

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