City Of Union City Department Of License Inspector

TAXI LICENSE REQUIREMENTS

(1) $30.00 TAXI LICENSE FEE FOR THE RECORD ROOM
(2) SOCIAL SECURITY CARD
(3) PHOTO IDENTIFICATION
(4) 2 PROOFS OF RESIDENCE
(5) 2 PASSPORT PHOTOS
(6) ALL FINGERPRINTING OF APPLICANTS WILL BE CONDUCTED BY MORPHO TRAK AS PER NEW REQUIREMENTS IMPLEMENTED BY THE NEW JERSEY STATE POLICE. THE RECORD ROOM STAFF WILL INSTRUCT EACH APPLICANT ON THIS NEW PROCEDURE.

PLEASE PRINT IN ENGLISH ONLY!

All questions must be answered truthfully, otherwise your application will not be accepted Falsification on this application will result in criminal prosecution under NJS 2C:28-3

NAME_____
Address_____
Name of Cab Company where you will work: _____
Address of Cab Company: _____
Previous addresses for the last five years_____
Date of Birth: _____ Place of Birth: _____ Height: _____ Weight: _____
Age_____ Eyes: _____ Hair: _____ Social Security#_____
New Jersey Drivers License Number: _____
Has your license ever been suspended or revoked: **YES OR NO?**
How long have you lived in Union City: _____
Married or Single: _____
Are you a citizen of the United States: **YES OR NO?** No
If not what proof of eligibility to work in the U.S. do you show: _____?

Have you ever been arrested or summoned to court on ANY charge in the state, or ANY state: **YES OR NO**
(If yes, give particulars and disposition of every case):

State of New Jersey)
City of Union City)
County of Hudson)

_____Being duty sworn, disposes and states that _____ is the individual Making the forgoing application for a taxicab operators license: that the answers to the forgoing questions and Other statements contained therein set true of _____ own knowledge and belief.
Notary Public State of New Jersey

Signed _____

City Of Union City Department Of License Inspector

REPORT OF PHYSICAL EXAMINATION

I have examined _____

Address: _____

In addition, make the following report: _____

Eye Sight: _____

Hearing: _____

Heart: _____

Are there any infirmities in body or mind which, in the judgment of the physician would render the applicant unfit to operate a taxicab? If any, Please give detailed information:

_____

_____

_____

Personal description:

(a) Color _____

(b) Sex _____

(c) Height _____

(d) Weight _____

(e) Color Eyes _____

(f) Color Hair _____

(g) Age _____

Date of photograph _____

Physician _____

Address _____

Telephone _____

Date of Examination _____