

APPLICATION FOR TAXICAB DRIVERS LICENSE

NAME _____

ADDRESS _____

EMPLOYED BY _____

BIRTHDATE _____ CITIZEN OF U.S. _____ YES _____ NO

RESIDENT OF THE STATE OF N.J. FOR AT LEAST ONE YEAR
_____ YES _____ NO

READ AND WRITE ENGLISH LANGUAGE _____ YES _____ NO

I HEREBY AGREE TO MEET THE REQUIREMENTS OF ORDINANCE #215
AND HAVE READ SAID ORDINANCE IN FULL.

SIGNATURE:

(Applicant)

FEE: \$2.00

COPY OF DRIVERS LICENSE TO ACCOMPANY THIS APPLICATION:

STATEMENT OF DOCTOR AS TO SOUND PHYSIQUE AND EYESIGHT MUST
ALSO BE ATTACHED TO NEW APPLICATION.

CHECKED BY _____

DATE _____