

## PROCEDURE FOR OBTAINING TAXI LICENSE IN OLD BRIDGE TOWNSHIP

### TAXI OWNER/CAR

1-Completed Application

2- Commercial Business Location -Proof Must Be Submitted. Copy Of Lease And/Or Letter From Property Owner – Location Must Be In Old Bridge.

3- Certificate Of Liability Insurance, Naming The Township Of Old Bridge As Additional Insured. (All Cars Must Be Listed On The Certificate Of Liability. Insurance Required Amount Is At Least \$50,000.00.

4- Fingerprinting And Background Check Is Required. (Application Is Included In Your Packet)

5 - Valid Driver's License (Copies Front And Back)

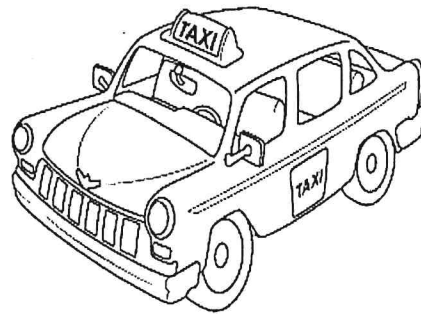
6 - (2) Passport Size Photos

7 -Fee For Each Vehicle \$100.00

8-Copy Of Valid Insurance Card

9-Copy Of Vehicle Registration Or Title

10 - Schedule Of Rates



### TAXI DRIVER

1- Completed Application

2- Fingerprinting And Background Check Is Required. (Application Is Included In Your Packet)

3- Valid Driver's License (Copies Front And Back)

4-(2) Passport Size Photos

5 -Driver Application Fee \$50.00

6- Drivers Must Submit A Completed Medical Examination From Their Doctor, The Form Is Included In This Packet.

Each Cars Inspection Must Be Done By Our Public Works Department From 7am To 11:30am And 1pm To 3pm While You Wait – A Copy Of The Inspection Results Must Be On File In The Municipal Clerk's Office Prior To Issuance Of License.

When We Have All The Above, And The Background Check Results Are Received The Applicant Is Then Called To Pick Up Their License. Usually, The Process From Start To Finish Takes Anywhere From 4-6 Weeks From Date Of Submission.

Taxi License Expires December 31 Of Every Licensing Year.

POLICE DEPARTMENT Old Bridge, New Jersey  
OWNERS TAXI APPLICATION

IMPORTANT NOTICE

False replies to any of the questions herein under the law constitutes perjury, detection of such falsity will result in refusal of license, or if granted in revocation of same.

The following application must be properly filled out and all questions therein answered; all vouchers must be residents of the Township of Old Bridge and businessmen of good repute and acceptable to the Police Chief or his duly appointed representative, and have at least one year's acquaintance with the applicant. Vouchers who have signed the applications of two other applicants will not be accepted.

FULL NAME (Printed) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO # \_\_\_\_\_ TEL. # \_\_\_\_\_

PRESENT EMPLOYER TEL. # \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_

I, the undersigned, hereby apply to the Old Bridge Police Department for a PUBLIC TAXICAB DRIVERS license to drive a taxicab in the Township of Old Bridge.

1. Where were you born? \_\_\_\_\_

2. How long have you been a resident of the United States? \_\_\_\_\_ of the Township of Old Bridge? \_\_\_\_\_

3. Are you a citizen of the United States Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever served in the army, navy, militia, of this or any other country? \_\_\_\_\_

Give

Particulars: \_\_\_\_\_

5. How long have you had a driver's license? \_\_\_\_\_

6. Have you ever before filed an application for Taxicab Owner or Taxicab Driver? \_\_\_\_\_  
If so, state when and where?

7. Has your Driver's License ever been revoked or suspended? \_\_\_\_\_ in this or any other State? \_\_\_\_\_  
Date, place, reason: \_\_\_\_\_

8. (a) Have you any physical or mental defects or infirmity, of which you are aware? \_\_\_\_\_

(b) Have you ever been hospitalized?

c.) Have you ever been treated for nervous or mental disease?

Signature:

Date:

9. Have you ever been issued a motor vehicle summons: Yes \_\_\_ No \_\_\_ If yes, list offenses

\_\_\_\_\_

10. List Motor Vehicle accidents. Give date, place, charge: \_\_\_\_\_

(a) Were you ever arrested, indicted or convicted of a crime, disorderly persons offense or petty disorderly persons offense:

ANYWHERE? YES \_\_\_\_\_ NO \_\_\_\_\_

(B) If yes, how many times \_\_\_\_\_. (C) State facts below (Use additional sheets)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Give the names and addresses of your employers and your occupation for the past five years.

13. Where have you lived for the past five (5) years?

VOUCHER NO. 1 (VOUCHERS: Please exercise extreme care in filling out the following.)

1. Full name and address
2. How long have you known the applicant?
3. Is the applicant related to you? (If so, give particulars.)
4. Has the applicant ever been in your employ? ( If so, give particulars.)
5. Would you employ applicant now, if opportunity offered?
6. Have you previously vouched for any other applicants for licenses?

Any false statement made in this application will be considered cause for the revocation of the license.

STATE OF NEW JERSEY, TOWNSHIP OF OLD BRIDGE}

SS.: COUNTY OF MIDDLESEX

I, \_\_\_\_\_, being duly sworn, do depose and say, that I am the owner of the premises known as \_\_\_\_\_ in the Township of Old Bridge, and that I have known \_\_\_\_\_, the applicant for a license herein mentioned, for a period of not less than one year, that I have observed his/her conduct during that period and found him/her to be honest and of good character and not addicted to the use of intoxicating liquors; and that I know nothing to his prejudice and recommend him to the Chief of Police as a fit person to own and operate a public taxicab

VOUCHER NO. 2 (VOUCHERS: Please exercise extreme care in filling out the following.)

1. Full name and address
2. How long have you known the applicant?
3. Is the applicant related to you? (If so, give particulars.)
4. Has the applicant ever been in your employ? ( If so, give particulars.)
5. Would you employ applicant now, if opportunity offered?
6. Have you previously vouched for any other applicants for licenses? ...

Any false statement made in this application will be considered cause for the revocation of the license.

STATE OF NEW JERSEY, TOWNSHIP OF OLD BRIDGE}

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I, \_\_\_\_\_, being duly sworn, do depose and say, that I am the owner of the premises known as \_\_\_\_\_ in the Township of Old Bridge, and that I have known \_\_\_\_\_, the applicant for a license herein mentioned, for a period of not less than one year, that I have observed his/her conduct during that period and found him/her to be honest and of good character and not addicted to the use of intoxicating liquors; and that I know nothing to his prejudice and recommend him to the Chief of Police as a fit person to own and operate a public taxicab

POLICE DEPARTMENT  
Old Bridge, New Jersey

TAXICAB DRIVER'S APPLICATION

IMPORTANT NOTICE

False replies to any of the questions herein under the law constitutes perjury, detection of such falsity will result in refusal of license, or if granted in revocation of same.

The following application must be properly filled out and all questions therein answered; all vouchers must be residents of the Township of Old Bridge and businessmen of good repute and acceptable to the Police Chief or his duly appointed representative, and have at least one year's acquaintance with the applicant. Vouchers who have signed the applications of two other applicants will not be accepted.

FULL NAME (Printed) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO # \_\_\_\_\_ TEL. # \_\_\_\_\_  
PRESENT EMPLOYER \_\_\_\_\_ TEL. # \_\_\_\_\_  
DRIVER'S LICENSE NO. \_\_\_\_\_

I, the undersigned, hereby apply to the Old Bridge Police Department for a PUBLIC TAXICAB DRIVERS license to drive a taxicab in the Township of Old Bridge.

1. Where were you born? \_\_\_\_\_
2. How long have you been a resident of the United States? \_\_\_\_\_ of the Township of Old Bridge? \_\_\_\_\_
3. Are you a citizen of the United States Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever served in the army, navy, militia, of this or any other country?  
Give Particulars: \_\_\_\_\_
5. How long have you had a driver's license? \_\_\_\_\_
6. Have you ever before filed an application for Taxicab Owner or Taxicab Driver? \_\_\_\_\_  
If so, state when and where? \_\_\_\_\_
7. Has your Driver's License ever been revoked or suspended? \_\_\_\_\_ in this or any other State? \_\_\_\_\_  
Date, place, reason: \_\_\_\_\_
8. (a) Have you any physical or mental defects or infirmity, of which you are aware? \_\_\_\_\_  
(b) Have you ever been hospitalized? \_\_\_\_\_ 8 Have you ever been treated for nervous or  
mental disease? \_\_\_\_\_

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

Date: \_\_\_\_\_

9. Have you ever been issued a motor vehicle summons: \_\_\_\_\_ If yes, list offenses

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10. List Motor Vehicle accidents. Give date, place, charge: \_\_\_\_\_

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(a) Were you ever arrested, indicted or convicted of a crime, disorderly persons offense or petty disorderly persons offense: \_\_\_\_\_

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ANYWHERE? YES OR NO \_\_\_\_\_

(B) If yes, how many times \_\_\_\_\_ (C) State facts below (Use additional sheets

12. Give the names and addresses of your employers and your occupation for the past five years.

13. Where have you lived for the past five (5) years?

associated with taxicab operating act as voucher.

VOUCHER NO. 1

(VOUCHERS: Please exercise extreme care in filling out the following:)

1. Full name and address \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. Is the applicant related to you? \_\_\_\_\_ (If so, give particulars.) \_\_\_\_\_
4. Has the applicant ever been in your employ? ( If so, give particulars.) \_\_\_\_\_
5. Would you employ applicant now, if opportunity offered? \_\_\_\_\_
6. Have you previously vouched for any other applicants for licenses? \_\_\_\_\_

Any false statement made in this application will be considered cause for the revocation of the license.

STATE OF NEW JERSEY,  
TOWNSHIP OF OLD BRIDGE, )SS.:  
COUNTY OF MIDDLESEX

I, \_\_\_\_\_, being duly sworn, do depose and say, that I am the owner of the premises known as \_\_\_\_\_ in the Township of Old Bridge, and that I have known \_\_\_\_\_, the applicant for a license herein mentioned, for a period of not less than one year, that I have observed his/her conduct during that period and found him/her to be honest and of good character and not addicted to the use of intoxicating liquors; and that I know nothing to his prejudice and recommend him to the Chief of Police as a fit person to own and operate a public taxicab.

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

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

VOUCHER NO. 2

(Voucher No. 2 will answer the following questions:

1. Full name and address \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. Is the applicant related to you? \_\_\_\_\_ (If so, give particulars.) \_\_\_\_\_
4. Has the applicant ever been in your employ? ( If so, give particulars.) \_\_\_\_\_
5. Would you employ applicant now, if opportunity offered? \_\_\_\_\_
6. Have you previously vouched for any other applicants for licenses? \_\_\_\_\_

Any false statement made in this application will be considered cause for the revocation of the license.

STATE OF NEW JERSEY,  
TOWNSHIP OF OLD BRIDGE, )SS.:  
COUNTY OF MIDDLESEX,

I, \_\_\_\_\_, being duly sworn, do depose and say, that I am the owner of the premises known as \_\_\_\_\_ in the Township of Old Bridge, and that I have known \_\_\_\_\_, the applicant for a license herein mentioned, for a period of not less than one year, that I have observed his/her conduct during that period and found him/her to be honest and of good character and not addicted to the use of intoxicating liquors; and that I know nothing to his prejudice and recommend him to the Chief of Police as a fit person to own and operate a public taxicab.

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

Signature \_\_\_\_\_

MEDICAL EXAMINATION OF APPLICANT FOR PUBLIC TAXICAB DRIVER'S LICENSE

Habits, use of stimulants, tobacco narcotic drugs \_\_\_\_\_

Has the Applicant any evidence of disease of the heart or blood vessels? \_\_\_\_\_

Has the Applicant any indications of disease of the organs of respiration or their appendages? \_\_\_\_\_

Are the functions of the brain and nervous system in healthy state? \_\_\_\_\_

Has the brain or spinal cord ever been diseased? \_\_\_\_\_

If the applicant has had any serious illness or injury, state expressly what effect, if any, is perceptible in the heart, lungs, kidneys, or other abdominal organs, or the skin, eyes, ears, limbs, etc.

Name \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) (Middle)

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches \_\_\_\_\_ Weight \_\_\_\_\_ lbs. \_\_\_\_\_ Signature of Applicant

EARS Right \_\_\_\_\_ Left \_\_\_\_\_ Mouth \_\_\_\_\_ Teeth \_\_\_\_\_

EYES Right \_\_\_\_\_ Left \_\_\_\_\_ Chest \_\_\_\_\_

VISION Right \_\_\_\_\_ Left \_\_\_\_\_ Heart B.P. \_\_\_\_\_ Rate \_\_\_\_\_ Rhythm \_\_\_\_\_

CORRECTED Right \_\_\_\_\_ Left \_\_\_\_\_ Function \_\_\_\_\_

Abdomen \_\_\_\_\_ Genitals \_\_\_\_\_

Hernias \_\_\_\_\_ Extremities \_\_\_\_\_

Truss \_\_\_\_\_ Reflexes \_\_\_\_\_

Defects \_\_\_\_\_

This is to certify that I have examined \_\_\_\_\_ the applicant named in the within application, and certify that he is mentally and physically fit to safely operate and drive a public taxicab.

(If Police Surgeon is unable to certify as above, state below what physical defects the Applicant possesses that unfit him or her to qualify as a Public Taxicab Driver.

Date _____	Signature of Doctor _____	PHYSICIAN NAME (PRINTED OR STAMPED)
		M.D., D.P.M. OR D.O. LICENSE NUMBER
		ADDRESS
COMMENTS:		CITY, STATE ZIP CODE

Motor Vehicle check attached \_\_\_\_\_ Date \_\_\_\_\_

Fingerprint return \_\_\_\_\_

Township Clerk: \_\_\_\_\_ Police Department: \_\_\_\_\_

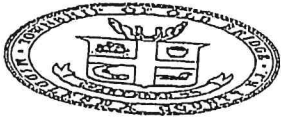
Signature \_\_\_\_\_ Approval \_\_\_\_\_

Seal \_\_\_\_\_ Disapproval \_\_\_\_\_

SIGNATURE

Seal





# TOWNSHIP OF OLD BRIDGE

One Old Bridge Plaza

Old Bridge, New Jersey 08857

Phone: (732) 721-5600 ext. 2210

Fax: (732) 607-7944

## TAXI CAB LICENSE

Owners Name \_\_\_\_\_  
Address \_\_\_\_\_

Certificate of Incorporation/Trade Name \_\_\_\_\_  
Telephone No. Area Code \_\_\_\_\_ No. \_\_\_\_\_

Apt. Complex: \_\_\_\_\_ Yes[] No [] Name \_\_\_\_\_

Homeowner's Association: Yes [] No [] Name of Development: \_\_\_\_\_

Business Address \_\_\_\_\_

License Plate # \_\_\_\_\_ Make of Vehicle \_\_\_\_\_  
Model \_\_\_\_\_ Year \_\_\_\_\_ VIN # \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Insurance Agent \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_  
Policy No. \_\_\_\_\_ Amount of Coverage \_\_\_\_\_  
Policy Period \_\_\_\_\_ To \_\_\_\_\_

FALSE REPLIES TO ANY OF THE QUESTIONS HEREIN UNDER THE LAW CONSTITUTES PERJURY, DETECTION OF SUCH FALISTY WILL RESULT IN REFUSAL OF LICENSE, OR IF ISSUED IN REVOCATION OF SAME.

ALL OF THE ABOVE IS TRUTHFUL AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

DATE: \_\_\_\_\_

### APPROVALS

Municipal Clerk's Approval

\*\*Copy of vehicle inspection by Township must be on file prior to issuance of license



## **OLD BRIDGE POLICE DEPARTMENT**

One Old Bridge Plaza  
Old Bridge, NJ 08857

### **INSTRUCTIONS FOR NEW or RENEWALS FOR SOLICITORS, VENDORS & LIQUOR LICENSES**

The following is needed to be submitted to the Old Bridge Police Department:

- Application must be filled out completely and legibly
- Two passport photos (2x2)
- Copy of Driver's License (Front and Back)

**YOUR APPLICATION MUST BE RETURNED TO THE RECORDS DEPARTMENT PRIOR  
TO THE FOLLOWING STEPS**

In addition, you will be required to do one of the following:

- New Applicants – need to be fingerprinted  
(Refer to First Time Applying Page)
- Yearly Applicants – need to obtain their criminal records (refer to  
Instructions for Renewal Applicants Only)

**Please return all paperwork to the Records Department at Old Bridge Police.**

**Any questions, please contact us at 732-721-5600 ext. 3230**

## INSTRUCTIONS FOR RENEWAL APPLICANTS ONLY

- You will need to log in to the NJ State Police Portal  
<https://www.njportal.com/njsp/criminalrecords/>
- Click on the ON LINE FORM 212A  
(an orange highlighted oval located on the lower left side of the page)
- Enter Old Bridge's ORI Number – NJ0120900
- Follow the prompts for demographics and payment information.
- Upon completion of the form you will receive an e-mail confirmation and receipt that will include a confirmation number.
- At this time the request will be forwarded to the Police Department's work queue for approval and submission to the NJ State Police for processing.
- Applicant can find more detailed information by clicking the Help Tab located on the top right side of the page.

# IdentoGO

## Fingerprint Service Code Form

Service Name:

To Schedule your ten-minute fingerprint appointment, simply visit  
<https://enroll.identogo.com> and enter the following Service Code

2F17ZY - LOCAL ORDINANCE, 13:59-1  
 2BZZQK - ALCOHOL BEVERAGE LICENSE - 33:1-25

When prompted, please enter the following:

Your ORI: NJ0120900

Contributor Case Number: DATE OF BIRTH

*Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.*

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- ✔ Driver's License issued by a State or outlying possession of the U.S.
- ✔ Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ✔ Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S.
- ✔ Enhanced Driver's License (EDL)
- ✔ Commercial Driver's License issued by a State or outlying possession of the U.S.
- ✔ Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ✔ ID card Issued by a federal, state, or local government agency or by a Territory of the United States
- ✔ Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- ✔ U.S. Coastguard Merchant Mariner Card
- ✔ U.S. Passport
- ✔ Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- ✔ Employment Authorization Card/Document (I-766) that contains a photograph
- ✔ Canadian Driver's License
- ✔ Foreign Driver's License (Mexico and Canada Only)
- ✔ U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

### Juveniles

- ✔ Approved Document list as shown above; or
- ✔ Photo ID Waiver for Minors (Only needed in special circumstances)
  - Required Secondary document if Photo ID Waiver for Minors is selected (only needed in special circumstances)
    - Birth Certificate bearing an official seal or certified copy) issued by State, county, municipal authority (or outlying possession of the U.S.)
    - Social Security Card

ⓘ Don't have access to the Internet? You can still schedule an appointment by calling 877.503.5981.

Old Bridge Township  
Police Department  
Solicitor Photo and  
Fingerprint Application Form

Attach Photo Here



Name of Company/License you are applying for: \_\_\_\_\_

Stationary Vendor Location (if applicable): \_\_\_\_\_

Name (print): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

US Citizen \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Complexion: \_\_\_\_\_ Build: \_\_\_\_\_ Glasses \_\_\_\_\_

Facial Hair \_\_\_\_\_ Read/Write \_\_\_\_\_ Race: \_\_\_\_\_

Scars/Tattoos (describe): \_\_\_\_\_

Three forms of identification are required:

Driver's License (number/state): \_\_\_\_\_

Social Security Card Attached \_\_\_\_\_

Birth Certificate Attached \_\_\_\_\_

There will be a minimum waiting period of 10 business days for processing, depending on the type of clearance required.

Have you ever been convicted of a crime or disorderly person's offense? \_\_\_\_\_

If yes, describe, listing date(s), places(s) and offense(s): \_\_\_\_\_

\_\_\_\_\_

List last two towns solicited (if applicable): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Emp. Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Old Bridge Township Ordinance #2-84 provides that soliciting is permitted between the hours of 10:00 a.m. and 6:00 p.m. Violators of this ordinance are subject to arrest. The identification card issued by the Township must be worn in full view while soliciting. This card is the property of the Township and must be returned after solicitation period is completed. Failure to do so will prevent issuance of solicitation permit for company involved.

Card return date: \_\_\_\_\_ To: \_\_\_\_\_

I hereby authorize the release of police records to the appropriate authorities. I understand that any false information or misrepresentation may be the cause of denial of this permit.

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