



Borough of Milltown
 Borough Clerk's Office
 39 Washington Ave.
 Milltown, NJ 08850
 (732)828-2100 extension 181

Application for Taxi/ Limousine Operator/ Drive License

All Taxi/ Limo Licenses expire at Midnight on December 31 of every year.

Renewal Applications are due by November 15 for the next licensing year

Applications submitted are subject to rules & regulations as outlined by N.J.S.A. 48:16 & Milltown Borough Ordinance § 4-36

Applicant Information

Name of Applicant		E-mail			
Address of Applicant	Street Address	Town	State	Zip	
Phone Number - Day	Phone Number - Night	Business Phone Number			
Social Security Number	Driver's License Number	Driver's License Expiration Date			
Date of Birth	Place of Birth (Municipality/ Country)	Age	Eye Color	Height	Weight

Please list where you have lived for the past five (5) Years

Year resided at premises	Street Address	Town	State	Zip

Driving History

Have you ever had your driving privileges ever been revoked or suspended in any state? If yes, explain. No Yes

Are there any legal proceedings presently pending which may result in the revocation or suspension of your driving privileges in any state? If yes, explain. No Yes

List all motor vehicle Violations on your driving record in all states (attach additional sheets of paper if necessary)

Year	State	Violation

Taxi Information

Have you ever had your driving privileges ever been revoked or suspended in any state? If yes, explain. No Yes

Have you ever had a taxicab operator's license suspended or revoked? If yes, explain. No Yes

Name of Business		E-mail			
Address of Applicant	Street Address	Town	State	Zip	

Criminal and Medical History Information

Have you ever been convicted of a disorderly persons or an indictable offense?
If Yes, provide details as to when, what offense and the disposition of the case.

No Yes

Are you now or have you ever been addicted to alcoholic beverages or narcotic drugs? If yes, explain.

No Yes

Have you ever been treated for a nervous or medical breakdown? If yes, explain.

No Yes

The Following Must Be Submitted With This Application In Order To Be Processed

- Completed Application with Original Signatures and Notarization
- Medical Evaluation completed by a Medical Professional
- Completed Forms to Police Department to perform Background Check. This is required for all persons who hold interest in Ownership (Required Every 3 (Three) Years)
- Three (3) Passport Size Photographs
- Driver Application Fee (\$75) per driver
- Fee for fingerprinting and SCIC/NCIC check (Required Every 3 (Three) Years)

Applicant's Certification

The facts set forth in this application are true and complete. I understand that if any of the facts set forth in this application are willfully false, I am subject to punishment. I also understand that if the application is approved, false statement shall be considered sufficient cause for suspension or revocation of the taxicab operator's license.

Stamp of Notary Public

Signature of Applicant

Sworn and Subscribed to me on this
_____ day of _____, _____

Signature of Notary Public



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Application for Taxi/ Limousine Operator/ Drive License Medical Evaluation

Applicant Information

	Name of Applicant	Phone Number		
Address of Applicant	Street Address	Town	State	Zip
Social Security Number	Date of Birth			

This information must be completed by a Medical Professional

Is the applicant presently dependent upon the use of any drug, including alcohol, narcotics, or a controlled dangerous substance of any kind? No Yes

If yes, please explain _____

Is the applicant presently being treated for a drug or alcohol problem? No Yes

If yes, please explain _____

Does the applicant suffer from any dizzy or fainting spells? No Yes

If yes, please explain _____

If the applicant wears glasses, should they be required to wear glasses while driving? No Yes

Is the applicant's eye sight corrected to 20/20 with glasses? No Yes

Does the applicant smoke? No Yes

Characterize the applicant's:

Hearing: _____

Eyesight: _____

General Health: _____

If the applicant suffers from any serious injury, sickness or condition, please provide details and state your professional opinion as to whether said condition could interfere with his/her ability to drive a taxi/ limousine.

**I HEREBY CERTIFY THAT AS A PRACTICING MEDICAL PROFESSIONAL IN THE STATE OF NEW JERSEY,
 THE APPLICANT IS PHYSICALLY FIT TO OPERATE A VEHICLE FOR HIRE.**

	Name of Physician	Signature of Physician	Date	
Address of Applicant	Street Address	Town	State	Zip