



Borough of Manasquan
2024 Taxi Owner Application



SECTION 1: OWNER INFORMATION (Manasquan Only)

Last Name _____ First Name: _____

Address: _____ Unit/Suite _____

City: _____ State: _____ Zip Code _____

Phone: _____ Cell # _____

Email: _____

NAME OF TAXI BUSINESS: _____

If Corporate Applicant:

Name of Business: _____

Type of Business Entity _____ Tax ID _____

Company name, as registered with the New Jersey Secretary of State/and or Monmouth County Clerk:

Is the business currently valid under the laws of the State of New Jersey: _____

BUSINESS ADDRESS (P.O. Boxes shall not be sufficient)

Number and Street _____ Unit/Suite _____

City: _____ State: _____ Zip Code _____

Dates: From: _____ to present.

****Please attach a copy of the Business Registration**

NUMBER OF VEHICLES BEING LICENSED _____

* Please use attached vehicle information form for each vehicle. (Additional copies may be made)

SECTION 2:

WILL YOU BE OPERATING A VEHICLE? Yes ____ No ____

If yes, please complete the following:

Have you been licensed in the Borough of Manasquan Previously, Yes ____ No ____

If yes, what years _____

Do you currently hold a State Issued CDL with Passenger (P) endorsement? _____

If not, have you been figure printed for the Borough of Manasquan in the past 3 years? Yes ____ No ____

Have you had a Physical in the past 2 years? If so when? _____ (proof must be submitted)

Has any driver's license held by you either to own or operate a taxi ever been revoked or

Suspended: _____ if yes, provide Jurisdiction: _____

Present Age: ____ Date of Birth: ____ Country of Citizenship _____

Driver's License Number: _____

State of Issue: _____ Number of Years Driving: _____

SECTION 3: INSURANCE

If applicant's principal place of business is located within the Borough of Manasquan:

Attach to this application a duplicate taxi/autocab insurance certificate issued pursuant to N.J.S.A. 48:16-3., covering the taxi/autocab sought to be licensed. Minimum acceptable insurance liability limit is \$100,000.

If applicant's principal place of business is outside the Borough of Manasquan:

Attach to this application a duplicate taxi/ autocab insurance certificate issued pursuant to N.J.S.A 48:16-7 by the Clerk of the municipality within which the applicant's principal place of business is located documenting said filing

The insurance policy must provide coverage for every driver of each vehicle listed in the policy. Indicate on the submitted copy of the Insurance Policy by circle, highlight or underline the section of the policy documenting that the vehicle (by vehicle identification or other means) sought to be licensed is covered.

In the event the policy is cancelled for any reason, a notice of such action must be delivered to the Borough Clerk twenty (20) days prior to the effective date by the insurance company providing coverage to the owner. It shall be the owner's responsibility to ensure that the insurance company is noticed of and complies with this requirement.

Name of Insurance Company: _____

Address: _____ Phone Number _____

Name of Agent: _____ Phone Number _____

Liability Limit: _____

SECTION 5: CORPORATE / BUSINESS APPLICANTS OTHER THAN INDIVIDUAL OWNER / OPERATOR / SOLE PROPRIETOR

In the event applicant is a corporation, limited liability company, partnership or other business entity other than an individual owner / operator / sole proprietor, all principals, partners, shareholders, officers or directors must be included in this application. The information requested in this section is required for each owner, principal, partner, shareholder, officer and/or director. Use additional copies of this page/section for each individual.

All individual partners, officers, stockholders or directors shall be required to consent to and submit to a state and federal criminal history check, either by fingerprinting or live scan through Morphotrak, Inc. (a private company under contract with the State of New Jersey) or whoever vendor under contract is at the time, at the Borough's sole discretion, which shall be forwarded to the Borough at the cost and expense of the applicant.

CERTIFICATION

The applicant must also furnish any additional information requested by Borough officials in order to enable the Mayor and Council to decide whether the license should be issued.

By signing this application, applicant hereby consents to and agrees to submit to a state and federal criminal history check and a motor vehicle history check, either by fingerprinting, live scan or other methods through the State vendor, at the Borough's sole discretion, which shall be forwarded to the Borough at the cost and expense of the applicant.

Applicant acknowledges that applicant is familiar with and shall comply with the provisions of Borough Ordinance 2098-11 and amended Borough Ordinance 2172-14 regarding the licensing of and operation of taxi/autocabs in the Borough of Manasquan. Applicant agrees to prominently display the license issued by the Borough of Manasquan within the taxi/autocab so it is open to view of passengers in the vehicle.

Hold Harmless: This application and the acceptance of the policy by the Borough and the issuance of the license by the Borough shall constitute an agreement by and between the applicant and the Borough that the applicant holds and saves harmless the Borough from any and all claims from damages arising out of personal injury and/or property damage made by third parties as the result of the issuance of the license and the operation of the taxi/autocab.

I hereby certify that the foregoing statements are true. I further certify that if any of the foregoing statements are willfully false I am subject to punishment.

Date: _____

(Signature of Applicant)

Name of Applicant Printed

Title of Individual Signing for Corporate Applicant

VEHICLE INFORMATION

(Complete this Section for each specific vehicle sought to be licensed. *Use additional copies of this Section for each additional vehicle.* See Ordinance 2098-11 for additional fees per additional vehicle).

Vehicle Identification Number: _____

Make: _____ Model: _____ Year: _____

Color: _____ Body Type: _____

Maximum Passenger Capacity: _____

License Plate: _____ State of Registration: _____

Registration Expires: _____

Attach a copy of current vehicle registration.

*Attach a copy of vehicle title.

Please submit the following with your signed and dated application:

ALL DRIVERS

- **Copy of Valid New Jersey Driver's License**
- **Motor Vehicle Driver Abstract**
- **Updated Physical Form (CDL Physical accepted)**
- **Two (2) 2x2 photos**
- **New Applicants – Morpho-track form obtained from Police (good for 3 years)**
- **If Licensed Previously (within 3 Years) – State Police Background Check**

OWNERS In addition to the above you must submit the following:

- **Business Registration Identifying Manasquan Address**
- **Copy of vehicle title and registration for each vehicle**
- **Insurance requirements as stated in application**

Vehicle Description form for each vehicle (attached to application)