



Borough of Manasquan
2024 Taxi Operator Application



OPERATOR IDENTIFYING INFORMATION

Last Name _____ First Name: _____

Address: _____ Unit/Suite _____

City: _____ State: _____ Zip Code _____

Phone: _____ Cell # _____

Email: _____

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

Length of time in United States _____

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

If not, have you been finger 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)

Driver's License Number: _____

State of Issue: _____ Number of Years Driving: _____

Have you been/or are you currently licensed to own or operate a taxi? _____

If yes, provide: Jurisdiction licensed: _____

Has any driver's license held by you either to own or operate a taxi ever been revoked or

Suspended: _____ if yes, provide Jurisdiction: _____

Explanation of cause of revocation or suspension of taxi license: _____

What company will you be working for? _____

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

Please submit the following with your signed and dated application:

ALL DRIVERS

- **Copy of Valid New Jersey Driver's License or CDL (P) Passenger Endorsement**
- **Motor Vehicle Driver Abstract**
- **Updated Physical Form (Current 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**

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.

Is the applicant the owner, lessee or bailee of the taxi/autocab sought to be licensed?

Owner: _____ Lessee: _____

Other (Explain): _____