



CITY CLERK'S OFFICE
CITY OF ENGLEWOOD
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 Englewood, NJ 07631
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**APPLICATION FOR TEMPORARY
 TAXICAB DRIVER'S PERMIT
 City Code Chapter 393 Article II**

DATE FILED: _____
 GRANTED: _____
 DENIED: _____
 \$20.00 FEE (191-6) _____

() NEW () VETERAN

LICENSE NO.: _____

DO NOT WRITE ABOVE THIS LINE

Applicant Name: _____ Age: _____

Home Address: _____ Phone No: _____

City: _____ State: _____

Date & Place of Birth: _____

Age: _____ Height: _____ Weight: _____ Sex: _____ Color Eyes: _____ Color Hair: _____

Complexion: _____ Married: _____ Single: _____ Divorced: _____ Widowed: _____

Are you a Citizen? _____ If naturalized, give date: _____ Can you read and write the English language? _____
 Have you ever been convicted of a crime? _____ If so, give details: _____

DRIVER'S LICENSE NUMBER: _____

Have you had said license for 3 years past? _____ Has said license ever been revoked or suspended? _____

if so, give particulars _____

What Taxicab company do you intend to work for: _____

Address of said Taxicab Company: _____

Are you an honorably discharged veteran? _____ Serial #: _____

Date of discharge: _____ If a veteran, a copy of your Honorable Discharge must be shown at the time the application is submitted (Honorable Discharge inspected by: _____)

Give name and full address of two references other than employer or relatives:

The acceptance of this application and the payment of the necessary fee does not give the applicant any rights until approval and a formal license are issued. **FEES ARE NON - REFUNDABLE**

Signature of Applicant: _____ Date: _____

Do not write below this line

Report of the Chief of Police _____ Date: _____