

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

**Borough of Avalon  
Licensing Office  
3100 Dune Drive  
Avalon, NJ 08202**

[www.avalonboro.net](http://www.avalonboro.net) Phone (609) 967-7043 Fax (609) 967-4140 e-mail [akennedy@avalonboro.org](mailto:akennedy@avalonboro.org)

**APPLICATION FOR JITNEY OWNER-OPERATOR LICENSE**

(Application MUST be accompanied by a fee of \$10.00)

Pursuant to Ord. 673-2013 of the Borough of Avalon, the undersigned makes application for a Jitney Owner-Operator License in the Borough of Avalon as stated herein:

Please print or type

**Individual**

Name: \_\_\_\_\_ Tele: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

If the entity is a Partnership, Corporation or LLC, provide the name, address and date of birth for each principal (partner, shareholder, member) below and attach additional pages if necessary to include all of the persons in the specific entity.

**Partnership**

Business or Trade Name: \_\_\_\_\_ Tele: \_\_\_\_\_  
Address: \_\_\_\_\_  
Partner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Partner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**Corporation**

Name: \_\_\_\_\_ Tele: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Name, Address, Date of Birth of Principal Stockholders:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Certificate of Incorporation attached: \_\_\_\_\_

**Limited Liability Company**

Name: \_\_\_\_\_ Tele: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Name, Address, Date of Birth of Members:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Place of Formation \_\_\_\_\_ Date of Formation: \_\_\_\_\_  
Certificate of Formation attached: \_\_\_\_\_ Operating Agreement attached: \_\_\_\_\_

List municipalities where you have been licensed and status of license.  
(Note whether license has been denied, suspended or revoked.)

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

**References**

The name, address, phone number (and e-mail, if available) of three (3) individuals who are not members of the applicant's immediate family, who can verify the applicant's good character and business and financial responsibility.

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Facts the applicant believes would have any effect on the decision to grant or deny the license applied for \_\_\_\_\_

**Vehicle License**

*(Attach: photo of jitney, registration, insurance, driver's license, vehicle description & fitness cert.)*

Type of Motor Vehicle: \_\_\_\_\_ Manuf. \_\_\_\_\_ CNG or ZEV

VIN #: \_\_\_\_\_ Plate # \_\_\_\_\_

State/Driver's License #: \_\_\_\_\_

Vehicle Registration #: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Company: \_\_\_\_\_

**Criminal or Quasi-Criminal Violations**

Has Applicant ever been convicted of violating any criminal or quasi-criminal statute, including traffic laws and municipal ordinances? \_\_\_\_\_. If yes, please state the date and place of conviction, the nature of the offense and punishment imposed. \_\_\_\_\_

**CERTIFICATION OF APPLICANT:**

I hereby certify that I have supplied true and accurate answers to all of the above questions and give my consent for any and all pertinent information to be released for investigation purposes in connection with the application process to the Borough of Avalon.

\_\_\_\_\_ Date of signature: \_\_\_\_\_  
(Signature of applicant/corporate officer or member of LLC)

**CERTIFICATION OF INVESTIGATIVE OFFICER:**

I hereby certify that a satisfactory investigation has been completed and no objections are found to the issuance of a jitney owner-operator license to the applicant. A report containing the results of the investigation and evaluation, a recommendation that the license be granted or denied and the reasons for this recommendation has been submitted to Borough Council.

\_\_\_\_\_ Date of signature: \_\_\_\_\_  
(Signature of Chief of Police, or designee)

**CERTIFICATION OF MUNICIPAL CLERK:**

I hereby certify that the application for jitney owner-operator license has been approved by the Borough Council of the Borough of Avalon as follows:

Date of Hearing: \_\_\_\_\_

Res. No.: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Municipal Clerk

Date of signature/seal: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Check # \_\_\_\_\_ /Cash

Decal No.: \_\_\_\_\_

Date Application Rec'd: \_\_\_\_\_

\$10 Paid Check # \_\_\_\_\_ /Cash