

Date: _____

Borough of Avalon
Licensing Office
3100 Dune Drive
Avalon, NJ 08202
Phone (609) 967-7043 Fax (609) 967-4140
Web site www.avalonboro.net
e-mail akennedy@avalonboro.org

APPLICATION FOR TAXICAB OWNER LICENSE

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

Pursuant to Section 10:14 et al of the Revised General Ordinances of the Borough of Avalon, the undersigned makes application for a Taxicab License to the Borough of Avalon as stated herein:

Please print or type

Individual

Name: _____ Tele: _____
Date of Birth: _____
Business Name: _____
Business Address: _____ Length of Time: _____
Residence Address: _____ Length of Time: _____

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: _____

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.

- 1 _____
- 2 _____
- 3 _____

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

Vehicle(s) Licensed *(Attach additional sheets of paper for each vehicle with below information)*

List # _____ of Vehicles to be Licensed and Operated within the Borough of Avalon and as to each vehicle set out the following information:

Year, Make and Model of Taxi: _____ Horsepower: _____

(Attach a color sketch showing color scheme of cab of vehicle and separate color sketch of any insignia or design which applicant intends to use to identify taxicab)

VIN #: _____ Plate # _____

Seating Capacity: _____ State License #: _____

Vehicle Registration # *(attach copy of vehicle registration card)*: _____

Insurance Policy #: _____ Company: _____

(Attach Insurance Certificate. Insurance Certificate must show Comprehensive General Liability Insurance with limits of not less than \$300,000 per occurrence naming the Borough of Avalon as Additional Insured).

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 taxicab 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 taxicab license has been approved by the Borough Council of the Borough of Avalon as follows:

Date of Hearing: _____

Res. No./Lic No.: _____

Approval Date: _____

Signature of Municipal Clerk

Date of signature/seal: _____

Date License Issued: _____

Decal No.: _____