

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

TAXICAB DRIVER APPLICATION

Please Print

Date of Application: _____ Taxicab Company: _____
_____ Current Driver _____ New Driver

Applicant Name: _____ Tele: _____
Date of Birth: _____ Cell: _____

Local Address: _____

I acknowledge that I must register with the Police Department of its designee for investigation and processing.

Applicant's Signature: _____

Please note:

This form is a receipt that you have applied for a Taxicab Driver's License in the Borough of Avalon. This is not the permit to operate a taxi. You must now submit to the investigation process.

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 driver's 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.

(Signature of Chief of Police, or designee) Date: _____

Office Use:

- Attach a copy of New Jersey Issued Current Driver's License with photo
- Attach Fitness Certificate
- \$35.00 Taxi Driver License Fee