

CHECKLIST FOR TAXI COMPANY OWNER'S APPLICATION

FOR USE BY THE TOWNSHIP CLERK:

Date Received: _____

Applicant's Name

Name - Taxi Company

Date Received:

_____ Original signed and notarized Application.

_____ If applicant is Taxicab Company owner and place of business is not personally owned, copy of rental agreement must be submitted.

_____ Application Fee: \$ _____ (\$250.00 License Fee
Vehicle Fee: \$ _____ (\$100.00 each vehicle)
Inspection Fee \$ _____ (\$50.00 each vehicle)

_____ Fingerprints: When completed application has been received and reviewed by Franklin Township Police Department, the applicant will be contacted by mail and informed how to submit fingerprints.

_____ Applicant is not a Township resident and has submitted Affirmation of No Criminal History from his/her resident Police Agency.

_____ Official documentation from a New Jersey Licensed Drug Screening Facility indicating the specific results of a Drug Screening administered within thirty (30) days of application.

_____ Two (2) Consents for Release of Public/Private Information

_____ Signed and Notarized Power of Attorney _____ Individual/
Partnership _____ Corporation

_____ Incomplete application received, letter of incompleteness issued: _____

_____ Complete Application submitted

_____ Report from FTPD Received/License Issued _____ License Denied _____

_____ Vehicle(s) inspected _____ Approved _____ Denied

INSTRUCTION FOR SUBMISSION OF APPLICATION FOR TAXI OWNER'S LICENSE

Submission of a complete application must be made to Municipal Clerk's Office, 475 DeMott Lane, Somerset NJ 08873 **by February 28th for renewal applications, or six (6) weeks prior to beginning of business operation for a new application. (These deadlines refer to your initial application and do not affect revisions during the course of the licensing period to add or delete vehicles.)**

A complete application consists of:

- A. Original signed and notarized Application for Taxi Owner's MVC Certificate;
- B. Fee in cash, money order or check payable to the Township of Franklin in the amount of:
 - Application Fees: \$250.00
 - Vehicle Fee: \$100.00 per vehicle
 - Inspection Fee: \$50.00 per vehicle
- D. Fingerprints: When the completed application has been received and reviewed by Franklin Township Police Department, the applicant will be contacted by mail and informed how to submit fingerprints.
- E. Two (2) Consents for release of Public/Private Information
- F. Official report from a NJ Licensed Drug Screening Facility of the Applicant's Drug Screening results.
- G. Insurance Certificate naming the Municipal Clerk, Township of Franklin, 475 DeMott Lane, Somerset NJ 08873, as **Certificate Holder** and certifying insurance coverage in minimum amounts of:

TAXI CAB OWNERS: (NJSA 48:16-3)

\$250,000/\$300,000 Person/Bodily Injury - \$100,000 Property Damage; or
\$300,000/Combined Single Limit

- H. Executed Power of Attorney: _____ Individual/
_____ Partnership _____ Corporation

Written verification from FTPD must be submitted to Township Clerk's Office that inspection of the vehicle(s) has been completed.

Incomplete applications will be returned and will not be processed until they are complete. Time limit for action is thirty (30) days from the filing of a complete application.

**TOWNSHIP OF FRANKLIN, COUNTY OF SOMERSET
475 DeMOTT LANE, SOMERSET NJ 08873**

TAXI OWNERS' LICENSES EXPIRE AT 12:00 MIDNIGHT ON MARCH 31st OF THE YEAR NEXT FOLLOWING YEAR OF ISSUANCE AND ARE RENEWABLE DURING MARCH.

APPLICATION FOR TAXI OWNER'S MVC CERTIFICATE OF COMPLIANCE

(PLEASE PRINT) FIRST-MIDDLE-LAST NAME

RESIDENT ADDRESS

BUSINESS/TRADE NAME

BUSINESS ADDRESS

HOME PHONE

BUSINESS PHONE

DATE OF BIRTH

AGE

WT.

HT.

HAIR

EYES

SEX

SOCIAL SECURITY NUMBER

NJ DRIVER'S LICENSE NUMBER

EXPIRATION DATE

As required by NJSA 48:16-17, Certificate of Compliance must be issued by Municipal Clerk of the Municipality in which the owner has his/her principal place of business. If the premises used for such business is owned by someone other than the applicant, certification from the property owner as to permission and terms of use of such property by the taxi company owner, including time frame of said permission, must accompany the application.

CRIMINAL AND MOTOR VEHICLE RECORD

Have you ever been convicted of any of the following:

Crime: _____ Disorderly Person Offense: _____

Motor Vehicle violation, other than parking violations: _____

Are your driving privileges now revoked or suspended in any State: _____

Have your driving privileges ever been revoked or suspended in any State: _____

Are there any legal proceedings presently pending, which may result in the revocation or suspension of your driver license in any State: _____

If the answer to any of the foregoing question is YES, please explain fully using the attached sheet of paper.

Applicants are required to be fingerprinted every five (5) years. For initial application, complete application will be submitted to Franklin Township Police Department and applicant will be contacted and informed how to submit fingerprints.

VEHICLE INFORMATION

VEHICLE #1

YEAR/MAKE OF VEHICLE	PASSENGER CAPACITY/COLOR/TYPE
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NJ REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER
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VEHICLE #2

YEAR/MAKE OF VEHICLE	PASSENGER CAPACITY/COLOR/TYPE
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NJ REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER
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VEHICLE #3

YEAR/MAKE OF VEHICLE	PASSENGER CAPACITY/COLOR/TYPE
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NJ REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER
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VEHICLE #4

YEAR/MAKE OF VEHICLE	PASSENGER CAPACITY/COLOR/TYPE
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NJ REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER
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VEHICLE #5

YEAR/MAKE OF VEHICLE	PASSENGER CAPACITY/COLOR/TYPE
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NJ REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER
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VEHICLE #6

YEAR/MAKE OF VEHICLE	PASSENGER CAPACITY/COLOR/TYPE
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NJ REGISTRATION NUMBER	VEHICLE IDENTIFICATION NUMBER
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For Use by Individuals or Partnerships:

**POWER OF ATTORNEY
PURSUANT TO NJSA 48:16-5**

KNOW ALL MEN BY THESE PRESENTS that _____ having
(Name of Entity Giving Power of Attorney)
(his/her/its) principal office at _____
(Address of Office)

pursuant to the provisions of NJSA 48:16-5 does hereby appoint the Chief Financial Officer of the Township of Franklin, County of Somerset and State of New Jersey, and his successors in officer, (his/her/its) Attorney upon whom may be served all process seeking damages on account of any accident occurring by reason of the ownership, maintenance or use of any autocab upon any public street or any fault in respect thereto and who may acknowledge such service.

And (he/she/it) does further agree that any process so serviced shall be of the same effect as if duly served upon (him/her/it) within this State.

IN WITNESS WHEREOF, (he/she/it) has caused these presents to be signed.

**Signed, sealed and delivered
in the presence of**

Individual/Partnership Name

Witness

Signature

STATE OF NEW JERSEY)

) **SS**

COUNTY OF

)

I CERTIFY that on _____ 20__, _____ personally came before me and acknowledged under oath, to my satisfaction, that this person:

- (a) Is named in and personally signed this Power of Attorney; and
- (b) Signed, sealed and delivered this Deed as his or her act and deed.

Signature

Signed and sworn to before me
this _____ day of _____, 20__.

NOTARY PUBLIC (STATE OF NJ)

For Use By Corporations:

**POWER OF ATTORNEY
PURSUANT TO NJSA 48:16-5**

KNOW ALL MEN BY THESE PRESENTS that _____ having
(Name of Entity Giving Power of Attorney)
(his/her/its) principal office at _____ pursuant to the provisions
(Address of Office)

of NJSA 48:16-5 does hereby appoint the Chief Financial Officer of the Township of Franklin, County of Somerset and State of New Jersey, and his/her successors in officer, (his/her/its) Attorney upon whom may be served all process seeking damages on account of any accident occurring by reason of the ownership, maintenance or use of any autocab upon any public street or any fault in respect thereto and who may acknowledge such service.

And (he/she/it) does further agree that any process so serviced shall be of the same effect as if duly served upon (him/her/its) within this State.

IN WITNESS WHEREOF, (he/she/it) has caused these presents to be signed by (his/her/its) _____ and the corporate seal to be thereunder affixed, this _____
(President/Vice President of Corporation)
day of _____, 20__.

**Signed, sealed and delivered
in the presence of**

CORPORATE NAME

Secretary of Corporation

Signature of Officer

(SEAL)

Title of Officer

Corporate Acknowledgement

STATE OF NEW JERSEY)

) SS

COUNTY OF SOMERSET)

I CERTIFY that on _____, 20__, _____ personally came before me and acknowledged under oath, to my satisfaction, that:

- (a) This person is the Secretary of the Corporation named in this Power of Attorney;
- (b) This person is the attesting witness to the signing of this Power of Attorney by the proper Corporate Officer who is the President of the Corporation;
- (c) This Power of Attorney was signed and delivered by the Corporation as its voluntary act duly authorized by a proper Resolution by its Board of Directors;
- (d) This person knows the proper seal of the Corporation which was affixed to this Power of Attorney; and
- (e) This person signed this proof to attest to the truth of these facts.

Signed and Sworn to before
me this _____ day of _____, 20__.

NOTARY PUBLIC
(STATE OF NJ)

SIGNATURE OF CORPORATE
SECRETARY

TAXI OWNER'S LICENSE APPLICATION
Personal Information Sheet

(Company Name/Address/Phone No.)

Contact Person: _____ Position: _____

PLEASE PRINT

INCOMPLETE FORMS WILL BE RETURNED

NAME: _____ ALIAS/MAIDEN NAME: _____
first middle last

ADDRESS: _____ CITY: _____ STATE: _ ZIP: _

PHONE: _____ DATE OF BIRTH: _____ SS#: _____ - _____ - _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

SEX: _____ RACE: _ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

DRIVERS LICENSE #: _____

MARKS/SCARS/AMPUTATIONS: _____

OCCUPATION: _____ EMPLOYER'S PHONE: _____

EMPLOYER/ADDRESS: _____

I, _____, being of full age, hereby certify that all of the above information is correct. I hereby authorize the Franklin Township Police Department to conduct a criminal background investigation to determine my eligibility to own and operate taxis in Franklin Township. I understand that I will be notified in writing at the above referenced address of any criminal history records that are discovered during this investigation.

Applicant's Signature: _____ *DATE:* _____

Sworn and Subscribed before me this _____ day of _____,

Signature
Notary Public of New Jersey

My commission expires: _____