

POLICE CHECK COVER SHEET
CITY OF NEW BRUNSWICK
TAXICAB OWNER RENEWAL APPLICATION

FEE: \$375.00 PAID: / / [] CASH [] CHECK NO. RECEIVED BY:
PLEASE INCLUDE 2 PASSPORT PHOTOS

Any false answer or statement made by any person herein constitutes perjury. The person making such false statements will be prosecuted to the full extent of the laws of the State of New Jersey. The term of all public taxi licenses shall begin on June 1st of each year and terminate on May 31st of the following year.

NAME OF APPLICANT: PHONE NO. - -

ADDRESS OF APPLICANT:

DESCRIPTION OF VEHICLE TO BE LICENSED

<u>License Number</u> /	<u>Make & Model</u> /	<u>Color</u> /	<u>Vin #</u> /	<u>N. J. License Plate No.</u>
/	/	/	/	

Name of Insurance Company Policy No.

Minimum Limits: **Property Damage** \$10,000.00 [] YES [] NO **Personal Injury** \$100,000.00/\$300,000.00 [] YES [] NO
Do you have any financial interest directly or indirectly in any other taxicab at this time? [] YES [] NO

State the name and address of any person, company, corporation or partnership entitled to a share of the income or profits in the operation of your taxicab.

<u>NAME</u>	<u>ADDRESS</u>	<u>PERCENT OF INTEREST</u>
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The undersigned certifies that if the answers to any of the questions listed herein change during the life of the license applied for at the time this affidavit is submitted, he or she will immediately notify the Municipal Clerk or Police Department in writing, and failure to do so will be cause for suspension or revocation of the license, and/or the denial of any renewal application.

I, being duly sworn, deposes and says that I have read the foregoing statement and the answers thereon noted, that such answers are true to my knowledge, and that I personally affixed my signature to this affidavit.

Sworn and subscribed to before me
this ____ day of _____, ____.

APPLICANT'S SIGNATURE DATE

Notary Public

DO NOT WRITE IN THIS SPACE This space reserved for the New Brunswick Police Department

Was applicant fingerprinted? ____ YES ____ NO

<u>TYPE OF CHECK:</u>		<u>NEGATIVE</u>	<u>POSITIVE</u>
NEW BRUNSWICK	()	()	()
OTHER:			
_____	()	()	()
_____	()	()	()

APPLICATION STATUS:
() **APPROVED**
() **DISAPPROVED**

CAPT. VINCENT SABO - NEW BRUNSWICK POLICE DEPARTMENT

12.04.17dt