

A NONREFUNDABLE FEE OF \$50.00 IS REQUIRED WHEN APPLICATION IS SUBMITTED

INSTRUCTIONS

Read every question carefully. ANSWER EVERY QUESTION- LEAVE NO BLANK SPACES. If the question does not apply to you, State same. Per **Ordinance No. 89-37**, an applicant who has intentionally made a false statement of material, fact, or practiced, or attempted to practice, any deception or fraud in his/her application, may be rejected and criminally prosecuted.

**CITY OF BRIDGETON
APPLICATION FOR TAXICAB DRIVER'S LICENSE**

Name of Applicant _____ Social Security # _____

Maiden Name (or other names used) _____

Telephone Number of Applicant _____ Date of Birth _____

Permanent and Local Address of applicant _____

Name and Address of Employer (Taxi company) _____

_____ Employer Phone # _____

Statement as to whether the applicant has been arrested for any federal, state and local crimes or offenses or the violation of any municipal ordinance and motor vehicle laws, date and place of conviction, nature of offense and punishment.

Character References, Name, Address, and Telephone Number

1. _____

2. _____

3. _____

State Driver's License Number _____

Is your license valid? (Yes) (No) Driving Experience (years) _____

(A copy of your driver's license is needed to process application.)

You will need (1) one photograph not over one year old, showing face, of a minimum size of two inches by two inches to attach to license when issued.

By my signature below, I swear the above information is true and correct

Signature _____

Date _____

REPORT OF INVESTIGATING OFFICER

Applicant Approved: **(Yes)** **(No)**

Signature of Investigating officer _____

Date _____

License Number _____

Issued: _____

Section 7-2 of Revised General Ordinances. The following information is to be filled out by person accepting application and is necessary in making out the license form:

General description of license Sex _____

Weight _____

Height _____

Hair _____

Eyes _____

City of Bridgeton

Release Authorization

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, _____, am making application for licensure in the City of Bridgeton. As a result an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any and all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

A Photostat copy of this authorization will be considered as effective and valid as the original.

_____		_____
Signature/Firma		Print Name/Imprima Nombre

Address/Direccion		

_____	_____	_____
Date/ Fecha	DOB/ Fecha De Nacimiento	SS# / Numero de Seguro Social
_____		_____
Witness/Testigo		Date/Fecha

ACKNOWLEDGMENT

I, _____ of _____ (taxi company) hereby acknowledge receipt of a copy of Chapter 321 of the Code of the City of Bridgeton pertaining to and regulating the conduct of business of taxicab licensees.

Dated: _____ Signature _____