

**MOUNT HOLLY TOWNSHIP
TAXICAB/LIMOUSINE SERVICE OPERATOR'S LICENSE APPLICATION**

Fee: \$100.00

Date Filed _____ Date Submitted to MHPD _____ MHPD Approval _____

Approved/Denied by Council _____

Do Not Write Above this Line

1. New Application _____ Renewal _____ Telephone No. _____

2. Name: _____

3. Home Address: _____

4. Date of Birth _____ Age: _____ Sex: _____ Height: _____ Weight: _____

5. Driver's License No. _____ Expiration Date: _____

6. Have you ever been convicted for any motor vehicle violation or other offense, or crime, or is any offense now pending? Yes _____ No _____

If yes, list each such incident giving:

<u>Date</u>	<u>Court</u>	<u>Offense</u>	<u>Sentence</u>

7. Cab Company/Limousine Service Driving For: _____

8. Cab Company/Limousine Service Phone No. _____

Must Submit

2 Photographs

Copy of Driver's License

Fingerprints to be submitted to the Mount Holly Township Police Department

Driver's Abstract for DMV

Physical Examination by a Physician

STATE OF NEW JERSEY

COUNTY OF BURLINGTON

BE IT REMEMBERED that on this _____ day of _____ 20_____

_____ appeared before me and being duly sworn, stand that he/she is the person who signed the annexed application and that each of the answers therein set forth are true.

Sworn and Subscribed

(Applicant)

To before me this _____ Day of _____ 20_____.

(Signature of Notary)