

**MOUNT HOLLY TOWNSHIP  
TAXICAB/LIMOUSINE OWNER'S LICENSE APPLICATION**

YEAR: **2016**

Date Filed \_\_\_\_\_ Date Submitted to MHPD \_\_\_\_\_ MHPD Approval \_\_\_\_\_

Approved/Denied by Council \_\_\_\_\_

Insurance Filed: \_\_\_\_\_ Policy No. \_\_\_\_\_ Application No. \_\_\_\_\_

Company: \_\_\_\_\_ Expired: \_\_\_\_\_

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**(Do Not Write Above this Line)**

1. New Application: \_\_\_\_\_ Renewal: \_\_\_\_\_ Prior Tag No. \_\_\_\_\_

2. Company Name: \_\_\_\_\_

3. Company Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

4. Owner's Name: \_\_\_\_\_  
(Last) (First) (Middle)

5. Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

6. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Color Eyes: \_\_\_\_\_ Hair Color: \_\_\_\_\_

7. Driver's License No. \_\_\_\_\_ Exp Date: \_\_\_\_\_

8. Year & Make of Car: \_\_\_\_\_ NJ Plate No. \_\_\_\_\_

9. Name & Address of Registered Owner, if different: \_\_\_\_\_

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10. Amount of Liability Insurance:

a. Personal Injury \$ \_\_\_\_\_

b. Property Damage \$ \_\_\_\_\_

c. Company Name: \_\_\_\_\_

d. Expires: \_\_\_\_\_ Policy No. \_\_\_\_\_

11. Are there any judgments or suits now outstanding against you for personal injuries or property damage arising out of your ownership or operation of a motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

a. If Yes, please provide: Date of Judgment \_\_\_\_\_ Amount of Judgment \_\_\_\_\_ Court: \_\_\_\_\_

12. Will you drive this cab yourself? \_\_\_\_\_ If so, number of Township Taxicab Driver's License or Date of Application \_\_\_\_\_

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

a. If Yes, list each such incident giving:

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

14. Corporate Applicants give following information also:

a. State of Incorporation \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

b. Name & Address of Registered Agent in NJ \_\_\_\_\_

c. Has any member of this corporation ever been refused a taxi owner or driver's license in this township or held one that was revoked or suspended? \_\_\_\_\_  
If so, give names, address and date of application or revocation or suspension: \_\_\_\_\_

d. Amount of paid up Capital Stock? \_\_\_\_\_

e. Value of all assets above liabilities? \_\_\_\_\_

**TAXICAB OWNERS MUST SUBMIT:**

- i. **Insurance policy** of a company duly licensed to transact business in the state providing insurance in the amount of ten thousand (\$10,000) dollars to satisfy all claims for damages by reason of bodily injury or death of any one (1) person, and not less than twenty thousand (\$20,000) dollars to satisfy all claims of bodily injury or death in any one accident, and not less than five thousand (\$5,000.00) dollars to satisfy any claims for property damage
- ii. **Power of Attorney** appointing the Chief Financial Officer of Mount Holly Township as the true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured

- iii. \$200.00 Annual Fee for each taxicab licensed by the Township of Mount Holly (Payable to Mount Holly Township)
- iv. Proof of Insurance for all vehicles
- v. Current NJDMV Registration for all vehicles
- vi. Updated list of vehicles

**LIMOUSINE OWNERS MUST SUBMIT:**

- i. **Insurance policy** an insurance policy of a company duly licensed to transact business under the business laws of the state providing insurance in the amount of \$1,500,000 to satisfy any claims for damages by reason of bodily injury or death of any person as a result of an accident occurring by reason of the ownership, maintenance or use of the limousine upon a public street
- ii. \$50.00 Permit Fee and \$200.00 Administrative Fee for each limousine licensed by the Township of Mount Holly (Payable to Mount Holly Township)
- vii. Proof of Insurance for all vehicles
- viii. Current NJDMV Registration for all vehicles
- ix. Updated list of vehicles
- x. Owner to file with the Director of the Motor Vehicle Commission appointing the Director of the Motor Vehicle Commission, as true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy

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)