



Mayor
Susan Shin Angulo

Patti Chacker
Township Clerk
Registrar of Vital Statistics

LIMOUSINE/TAXI CAB LICENSE BUSINESS & DRIVERS LICENSE APPLICATION

LIMOUSINE

TAXI

APPLICANT

NAME OF COMPANY: _____

OWNER: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

OPERATING HOURS: _____ OPERATING RATES: _____

DOES THE COMPANY OPERATE BOTH LIMOUSINES AND TAXICABS? YES NO

HOW MANY VEHICLES IN THE FLEET? _____

HOW MANY DRIVERS ARE CURRENTLY EMPLOYED? _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Policy Number: _____

Effective Dates: _____

*****Please attach a copy of current insurance certificate*****

POWER OF ATTORNEY: _____

Fees:

Taxi: Car: \$300.00 Driver: \$125.00

Limousine: Car: \$ 50.00 Driver: \$ 50.00

(PLEASE NOTE: All Licenses are assessed a late fee if renewed after January 31st)

The undersigned duly authorized agent of the applicant does hereby state that the above facts are true and correct and hereby authorizes the Cherry Hill Township Police Department to conduct full investigations into the background and activities of all persons listed on this application.

DATE

X

SIGNATURE

Township Council Approved _____ Denied _____ Date _____

Amount Paid _____ Date _____ Receipt # _____

VEHICLE APPLICATION

Make: _____ Model: _____
Year: _____ Serial Number: _____
Place of Inspection: _____
Capacity (Number of Passengers): _____
Present Value: _____

Make: _____ Model: _____
Year: _____ Serial Number: _____
Place of Inspection: _____
Capacity (Number of Passengers): _____
Present Value: _____

Make: _____ Model: _____
Year: _____ Serial Number: _____
Place of Inspection: _____
Capacity (Number of Passengers): _____
Present Value: _____

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Year: _____ Serial Number: _____
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Year: _____ Serial Number: _____
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Present Value: _____

CHERRY HILL POLICE DEPARTMENT
Application for Cherry Hill Township Taxi and/or Limo Driver's License
Please Attach a Copy of Valid Driver's License

Please Print

NAME _____ AGE: _____
 Last First Middle Maiden

ADDRESS _____
 Number Street Town State Zip Code

PREVIOUS

ADDRESS Number Street Town State Zip Code

HOME PHONE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX M F RACE _____ HGT _____ WGT _____ EYES _____ HAIR COLOR _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ OCCUPATION _____

DRIVER'S LICENSE NUMBER _____ STATE _____

Name and Address of Company or Organization by whom you are employed: _____

Phone: _____

Have you ever been convicted of a crime? Yes No If yes, where? _____

Explain: _____

SECURITY CHECK AUTHORIZATION WAIVER

As indicated above, I have applied for non-criminal justice employment licensing, OR, as a volunteer participant in a block parent/helping hand type program. For the purpose of this application, I hereby authorize the release of any criminal history record information criteria for the stated purpose to the Cherry Hill Police Department and The Township of Cherry Hill. Any such information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant X _____ Date: _____

FOR POLICE USE ONLY

APPLICATION FOR:

STATE OR FEDERAL STATUTE, RULE OR REGULATION, DESCRIPTION _____

LOCAL ORDINANCE: _____ NON-CRIMINAL _____

APPLICATION RECEIVED BY _____ DATE _____

SECURITY CHECK CONDUCTED

C.H.P.D. RECORDS _____ N.C.I.C. _____ S.C.I.C. _____

LOCAL POLICE JURISDICTION _____ DRIVER'S LICENSE _____

OTHER _____

FOR POLICE CHIEF ONLY

APPROVED _____ DENIED _____

Federal Regulations (Title 28) prohibit the use of Computerized Criminal History inquiries for a purpose other than authorized, therefore, this record check is not necessarily conclusive, and is not intended as an endorsement of the applicant.