



# LIMOUSINE / TAXI CAB LICENSE BUSINESS & DRIVERS LICENSE APPLICATION

**Patti Chacker**  
Township Clerk

Check One:  LIMOUSINE  TAXI

**APPLICANT**

NAME OF COMPANY: \_\_\_\_\_

OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OPERATING HOURS: \_\_\_\_\_ OPERATING RATES: \_\_\_\_\_

DOES THE BUSINESS OPERATE BOTH LIMOUSINES AND TAXICABS?  YES  NO

HOW MANY VEHICLES ARE 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**

**LIMO:** Power of Attorney should be send to Division of Motor Vehicles

**TAXI:** Power of Attorney appointing Township of Cherry Hill Treasurer as Applicant Company's attorney for the purpose of acknowledging service of any process out of a Court.

POWER OF ATTORNEY Signature: \_\_\_\_\_

<b>LICENSING FEES:</b>	<b>CAR</b>	<b>DRIVER</b>	<b>DRIVER AGE REQUIREMENT</b>
<b>Taxicab</b>	<b>\$300.00</b>	<b>\$125.00</b>	Minimum 19 years of age
<b>Limousine</b>	<b>\$50.00</b>	<b>\$50.00</b>	Minimum 21 years of age

**(PLEASE NOTE: All Licenses are assessed a late fee of \$100.00 for EACH license if renewed after December31<sup>st</sup>)**

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.

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_  
**DATE**

\*\*\*\*\*  
FOR OFFICE USE ONLY

Township Council Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt # \_\_\_\_\_

**-- Be sure to review the APPLICATION CHECKLIST on page 2 --**

**VEHICLE APPLICATION**

**VEHICLE 1:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN #: \_\_\_\_\_ License Registration #: \_\_\_\_\_

Place Where Vehicle may be Inspected: \_\_\_\_\_

Capacity (Number of Passengers): \_\_\_\_\_ Value of Vehicle: \_\_\_\_\_

**VEHICLE 2:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN #: \_\_\_\_\_ License Registration #: \_\_\_\_\_

Place Where Vehicle may be Inspected: \_\_\_\_\_

Capacity (Number of Passengers): \_\_\_\_\_ Value of Vehicle: \_\_\_\_\_

**VEHICLE 3:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN #: \_\_\_\_\_ License Registration #: \_\_\_\_\_

Place Where Vehicle may be Inspected: \_\_\_\_\_

Capacity (Number of Passengers): \_\_\_\_\_ Value of Vehicle: \_\_\_\_\_

**VEHICLE 4:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

VIN #: \_\_\_\_\_ License Registration #: \_\_\_\_\_

Place Where Vehicle may be Inspected: \_\_\_\_\_

Capacity (Number of Passengers): \_\_\_\_\_ Value of Vehicle: \_\_\_\_\_

**APPLICATION CHECKLIST**

- Complete Application pages 1 – 3
- Include Payment of Fees (*Check payable to Cherry Hill Township*)
- Attached copy of Driver's License
- Copy of Vehicle Registration
- Copy of Insurance Certificate
- Proof of Fingerprinting
- Notarized Power of Attorney
- Copy of NJ Business Registration

**-- Be sure to review the CHERRY HILL POLICE APPLICATION on page 3 --**

**CHERRY HILL POLICE DEPARTMENT**  
**Application for Cherry Hill Township TAXI and/or LIMO DRIVERS LICENSE**  
**Please Attach a Copy of Valid Driver's License and State License**

Please Print

NAME \_\_\_\_\_ AGE: \_\_\_\_\_  
Last First Middle Maiden

ADDRESS \_\_\_\_\_  
Number Street Town State Zip Code

PREVIOUS ADDRESS \_\_\_\_\_  
Number Street Town State Zip Code

CONTACT 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 \_\_\_\_\_

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 \_\_\_\_\_ Date: \_\_\_\_\_

**FOR POLICE USE ONLY**

APPLICATION FOR: \_\_\_\_\_

STATE OR FEDERAL STATURE, 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