

OFFICE USE ONLY

Date Application Submitted _____ Payment Amount _____ check# _____ cash _____

**2024 BOROUGH OF SEA GIRT
TAXI/AUTOCAB LICENSE APPLICATION**

Fees: Drivers Only \$25.00

Owners: \$150 for up to five (5) vehicles (10 max). Each additional \$50.00

This application must be completely filled out or it may be rejected. If any line or section does not apply, mark each such space with "N/A" for "not applicable". If more space for a response or explanation is needed, attach additional sheets identifying which question you are responding to. Failure to answer any question completely, accurately and truthfully may result in rejection or delay in processing the application. In the event of a falsification or misrepresentation of information, the person signing this application may be subject to criminal charges.

_____ **Owner** _____ **Driver** (*Check both if Owner & Driver*)

Have you been licensed in the Borough of Sea Girt Previously? Yes _____ No _____

If yes, what years _____

Do you currently hold a State Issued CDL- P (*Commercial Driver's License*)? _____

SECTION 1: IDENTIFYING INFORMATION

NAME OF APPLICANT: _____

NAME OF TAXI COMPANY _____

Last _____ First: _____ MI _____

Address: _____ Unit/Suite _____

City: _____ State: _____ Zip Code _____

Phone: _____ Cell # _____

Email: _____

Present Age: _____ Date of Birth: _____ Height: _____ Weight: _____ Eyes: _____

Country of Citizenship _____

Length of time in United States _____ Social Security Number _____

Driver's License Number: _____

SECTION 2: DRIVER'S LICENSE INFORMATION (*Attach a copy of your driver's license*)

Driver's License Number: _____

State of Issue: _____ Number of Years Driving: _____

Have you been/or are you currently licensed to own or operate a taxi/autocab? _____

If yes, provide: Jurisdiction licensed: _____

Has any driver's license held by you either to own or operate a taxi/autocab ever been revoked or

Suspended: _____ if yes, provide Jurisdiction: _____

Explanation of cause of revocation or suspension of taxi/autocab license: _____

~~Drivers Only Applicants - Please Sign and date the Certification on Page 4~~**
~~Owners please continue with Section 3~~**

SECTION 3:

OWNERS PLEASE COMPLETE THE FOLLOWING:

NAME OF TAXI BUSINESS: _____

If Corporate Applicant:

Name of Business: _____

Type of Business Entity _____ Tax ID _____

Company name, as registered with the New Jersey Secretary of State/and or Monmouth County Clerk:

Is the business currently valid under the laws of the State of New Jersey: _____

BUSINESS ADDRESS (P.O. Boxes shall not be sufficient)

Number and Street _____ Unit/Suite _____

City: _____ State: _____ Zip Code _____

Dates: From: _____ to present.

NUMBER OF VEHICLES BEING LICENSED _____

Please use attached vehicle information form for each vehicle. (Additional copies may be made)

SECTION 4. INSURANCE

If applicant's principal place of business is located within the Borough of Sea Girt:

Attach to this application a copy of the insurance policy required by N.J.S.A. 48:16-3 et seq., covering the taxi/autocab sought to be licensed. Minimum acceptable insurance liability limit: Combined single limit coverage: \$50,000.00.

If applicant's principal place of business is outside the Borough of Sea Girt:

Attach a duplicate autocab insurance certificate issued pursuant to N.J.S.A. 48:16-7 by the Clerk of the municipality within which the applicant's principal place of business is located documenting said filing. A photocopy is not acceptable and the applicant must provide the original duplicate certificate as issued by said Clerk.

Attach proof that the duplicate certificate has also been filed with the New Jersey Motor Vehicle Commission.

The insurance policy must provide coverage for every driver of each vehicle listed in the policy. Indicate on the submitted copy of the Insurance Policy by circle, highlight or underline the section of the policy documenting that the vehicle (by vehicle identification number or other means) sought to be licensed is covered.

Hold Harmless: This application and the acceptance of the policy by the Borough and the issuance of the license by the Borough shall constitute an agreement by and between the applicant and the Borough that the applicant holds and saves harmless the Borough from any and all claims from damages arising out of personal injury and/or property damage made by third parties as the result of the issuance of the license and the operation of the taxi/autocab.

X _____
Applicant Signature accepting hold harmless agreement

In the event the policy is cancelled for any reason, a notice of such action must be delivered to the Borough Clerk twenty (20) days prior to the effective date by the insurance company providing coverage to the owner. It shall be the owner's responsibility to ensure that the insurance company is noticed of and complies with this requirement.

Name of Insurance Company:

Address:

Phone Number:

Name of Agent:

Phone Number:

Liability limit: _____

SECTION 5. CORPORATE/BUSINESS APPLICANTS OTHER THAN INDIVIDUAL OWNER / OPERATOR / SOLE PROPRIETOR

In the event applicant is a corporation, limited liability company, partnership or other business entity other than an individual owner/operator/sole proprietor, all principals, partners, shareholders, officers or directors must be included in this application. The information requested in this section is required for each owner, principal, partner, shareholder, officer and/or director. Use additional copies of this page/section for each individual.)

All individual partners, officers, stockholders or directors must be fingerprinted by the Borough's vendor Morphotra, Inc. as determined by the Borough if such fingerprints are not already accessible and on file with the Borough.

CERTIFICATION

The applicant must also furnish any additional information requested by Borough officials in order to enable the Mayor and Council to decide whether the license should be issued.

By signing this application, applicant hereby consents to and agrees to submit to a state and federal criminal history check and a motor vehicle history check, either by fingerprinting, live scan or other methods through the Borough's vendor, at the Borough's sole discretion and at the cost and expense of the applicant.

Applicant acknowledges that applicant is familiar with and shall comply with the provisions of Borough Ordinances 13-2009, 24-2009 & 19-2010 regarding the licensing of and operation of taxi/autocabs in the Borough of Sea Girt.

I hereby certify that the foregoing statements are true. I further certify that if any of the foregoing statements are willfully false I am subject to punishment.

Signature of Applicant

Dated:

Name of Applicant Printed

Title of Individual Signing for Corporate Applicant

Checklist

The following must be submitted with application.
Incomplete applications WILL NOT be accepted.

ALL DRIVERS

SUBMITTED Y/N?

- Copy of Valid New Jersey Driver's License _____
- Copy of Motor Vehicle Driver Abstract _____
- Certified Physical Form (CDL Physical accepted) _____
- \$25.00 Payment
(Cash or Check made out to the Borough of Sea Girt) _____

OWNERS (In addition to the above you must submit the following)

- Copy of vehicle title and registration for each vehicle _____
- Insurance requirements as stated in application _____
- Payment of \$150.00 for up to five (5) vehicles _____

*Please note Owner and Operator \$25.00 driver license fee is waived

NJ Motor Vehicle Commission Driver History Abstract

A copy of your Driver History Abstract must be submitted with your application. You can obtain a copy of your abstract by visiting your local motor vehicle agency.

FINGERPRINTING/BACKGROUND CHECKS

NEW DRIVERS: After completing a owner's application with the Borough Office, new applicants must go to Morphotrak for a fee of \$41.00 after picking up required paperwork at the Sea Girt Police Department located at 319 Baltimore Blvd. on the following days and times.

Please see last page for on-line fingerprinting instructions if you already have been fingerprinted in the past.

BOROUGH OF SEA GIRT
TAXI/AUTOCAB LICENSE APPLICATION
PHYSICIAN'S CERTIFICATE

Instructions:

This certificate must be completed and submitted with all applications for taxi/autocab driver's licenses. The form may only be completed by a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO).

Name of Applicant:

Name of examining physician/medical doctor:

Address:

Date of Examination:

Certification of Physician

I hereby certify that I have examined the above named applicant and in my medical opinion

_____ (Name of Applicant) is fit for the safe operation of a taxi/autocab.

Dated:

Signature of Examining Physician

Doctor Stamp Here:



Borough of Sea Girt

**Police Department
Taxi Driver License Application**

Image Number: (Official Use Only)

First Name:

Phone Number:

Last Name:

Street Address:

City, State, Zip:

Date of Birth:

Height:

Weight:

Hair Color:

Eye Color:

Driver's License Number:

Issued State:

Company Name:

Company Address:

Company Phone Number:

Signature:

Card Created:

Created Date:

Created By:

Picked Up:

Picked Up Date:

Picked Up By: (PRINT NAME)

Picked Up By: (Signature)

Taxi License Applicant Background Check Instructions

- You will need to complete this Electronic 212A Form in order to complete your background check in accordance with our ordinance prior to approval of your taxi driver license for the Borough of Sea Girt.
 - If you have not already had your fingerprints submitted from a prior license, you may need to go to a fingerprint facility. The required form for a fingerprint facility **MUST** be picked up in person from the Sea Girt Police Department
- Go to <http://www.njportal.com/njsp/criminalrecords/> from any web enabled computer.
- You must click on the "ON LINE FORM 212A" which is a highlighted block located on the lower left side of the page.

Online Form 212A

- You will required to enter this nine digit Originating Agency Identification Number (ORI)

NJ0134400

- You will follow the prompts for demographic information.
- You will need to select the type of background needed.

Local Ordinance

- Upon completion of the form you will receive an email Confirmation & Receipt that will include a confirmation number.
- At this time the request will be forwarded to the Sea Girt Police Department's work queue for approval and submission to the NJ State Police for Processing.
- You can find more detailed information by clicking on the **Help Tab**, located on the top right side of the page.