

# TAXI LICENSE CHECKLIST

This application must be filled out entirely before being processed.  
**EVERY LINE AND EVERY BOX MUST BE FILLED OUT COMPLETELY.**

It will take approximately 15-30 minutes to process each applicant.

Payments must be made by Money Orders only. (NO Cash, No Checks, and No Credit/Debit Cards)

Taxi Applicants must be made by re-fingerprinted every other year. (NO EXEPTIONS)

Initial License
<ul style="list-style-type: none"> <li>○ \$75.00 Processing Fee (money order only)</li> <li>○ USA Abstract</li> <li>○ Release Form filled out and Notarized</li> <li>○ Two Forms of Identification are needed (One form must be a picture ID) like a <i>Passport/City ID/Drivers License</i>.</li> <li>○ Physical by Personal Doctor (stamped) filled out and Notarized</li> <li>○ Two Character References (They cannot be related to applicant and cannot reside at the same address as the applicant). (Link to document Click)</li> <li>○ Must be a resident of NJ for at least 1yr</li> <li>○ Must have 3 yrs of Driving Experience in USA</li> <li>○ Notary Public must notarize 4<sup>th</sup> and 5<sup>th</sup> page</li> <li>○ Photo, Signature, and image capture of your fingerprint taken by a representative of Long Branch Police Department for use on a license and will be stored in our licensing database.</li> <li>○ Contributors Case # (LBPD Receipt #) Issued and written on fingerprint form.</li> </ul>

Renewal License
<ul style="list-style-type: none"> <li>○ \$50.00 Processing Fee (money order only)</li> <li>○ USA Abstract</li> <li>○ Provide your Taxi License along with a second form of ID</li> <li>○ Physical taken by a Medical Doctor (MD) Stamped.</li> <li>○ Two Character References (They cannot be related to applicant and cannot reside at the same address as the applicant). (Link to document Click)</li> <li>○ Notary Public must notarize 4<sup>th</sup> &amp; 5<sup>th</sup> page.</li> <li>○ An updated photo to be taken.</li> </ul>

L.B.P.D. No longer does the fingerprints for Taxi Applicants as of February 1, 2010.

Please set up an appointment with Morphotrust at 1-877-503-5981 after being processed at the Records Department.

1<sup>st</sup> Page:

- ✓ Checklist

2<sup>nd</sup> Page:

- ✓ Personal Information of Applicant
  - Full Name – First, Middle, Last
  - Full Address – Street #, Street Name, City, State and Zip
  - Phone Number – Area Code = 7 Digit # (best contact number)
  - Date of Application – Present date
- ✓ Verification
  - Must be signed by a Licensed Manager (NO Copies of Signatures)
  - Taxi Company that you are currently working for
  - Applicant's Name (Printed)

3<sup>rd</sup> Page:

- ✓ Circle Initial License or Renewal License at the top of page and fill out remainder of page

4<sup>th</sup> Page:

- ✓ Complete Medical Examination and get Notary Public Section Notarized. (Sign in front of Notary Public)

5<sup>th</sup> Page:

- ✓ Complete entire page and get Notary Public Section Notarized. (Sign in front of Notary Public)

6<sup>th</sup> Page:

- ✓ Read and Initial

	Date Submitted	Date Returned
Entered into RMS		
Entered into IMC (registry entry)		
Reference 1		
Reference 2		
Fingerprint Confirmation		
Application Submitted to Director		

Application Process By: \_\_\_\_\_



**CITY OF LONG BRANCH  
POLICE DEPARTMENT**

**344 BROADWAY  
LONG BRANCH, NJ 07740  
(732) 222-1000**

EMPLOYMENT VERIFICATION

TAXI DRIVER'S LICENSE

APPLICANT NAME:	
STREET ADDRESS:	
CITY:	ZIP:
TELEPHONE NUMBER:	
DATE OF APPLICATION:	
VERIFICATION:	
I, _____ licensee of the _____ Cab Company, (print name) (print name of company)	
am considering employing _____ as a taxi cab driver for my company. (print (name of applicant))	
I am aware that if the applicant has a statutory disqualification which prohibits his / her association with the City Ordinance, the application will be denied by this agency.	
_____ (Employer's Signature)	
_____ (Date)	

## APPLICATION FOR TAXI DRIVER'S LICENSE

APPLICATION FOR:		<i>INITIAL APPLICATION</i>	<i>RENEWAL</i>
NAME: <i>First</i>		<i>Middle</i>	<i>Last</i>
ADDRESS:			
PREVIOUS ADDRESS (If changed within past 5 years):			
TELEPHONE #:		SOCIAL SECURITY #:	
DATE OF BIRTH:		PLACE OF BIRTH:	
AGE:	HEIGHT:	WEIGHT:	EYES:
SCARS/MARKS/TATIOOS:			HAIR:
NJ Driver License #:			RACE:
Reference #1 Address:			SEX:
Reference #2 Address:			Ref.Phone#
Reference #2 Address:			
HAS YOUR N.J. DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED?    YES    NO (If yes, provide date, place, charge, disposition, etc.) (If more space is needed, use back of form)			
HAVE YOU EVER BEEN ARRESTED FOR A CRIME OR DISORDERLY PERSON'S OFFENSE?    YES    NO (If yes, provide date, place, charge, disposition, etc.) (If more space is needed, use back of form)			
DATE:		APPLICANT'S SIGNATURE	

## Medical Examination Form

I hereby certify that I have examined \_\_\_\_\_ and that he/she is of good health, sound body and is not suffering from any disease, injury or ailment that would preclude him/her from operating a Taxicab in a safe and normal manner.

<b>Date of Examination:</b>	<b>License Number:</b>
Office Name and Address :	Name: Address:
Physician's Name and Signature	Name: Signature:

## Notary Public Form

I swear that all of the information is true, complete and accurate to the best of my knowledge and belief. I understand that any false statements will result in denial of this application and prosecution for violation of NJS 2C28-3, a Disorderly Person's Offense.

Sworn and Subscribed before me:  This _____ Day Of _____ 20____    <div style="text-align: center;">(Notary Public)</div>	<div style="text-align: center; margin-top: 100px;">                     _____                      (Signature of Applicant)                 </div>
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### OFFICIAL USE

DATE APPLIED:	DATE OF ABSTRACT:
APPROVED:	DISAPPROVED:
ADDITIONAL INFO:	



**CITY OF LONG BRANCH  
POLICE DEPARTMENT  
344 BROADWAY  
LONG BRANCH, NJ 07740  
(732) 222-1000**

**RELEASE FORM**

Applicant: \_\_\_\_\_

DOB: \_\_\_\_\_

SS#: \_\_\_\_\_

DATE: \_\_\_\_\_

**Application Type:**

Firearms Application  
ABC License Application  
Taxi License Application  
Mercantile Permit  
Vendor Permit

I \_\_\_\_\_ swear that all the information furnished to the Long Branch Police Department is the truth, the whole truth, and nothing but the truth.

I understand that any false information furnished to the Long Branch Police Department through this application or other means will constitute False Swearing (N.J.S. 2C:28-2). I understand that this is a fourth degree crime that can, upon conviction, result in monetary fines and/or incarceration.

I AUTHORIZE the Long Branch Police Department to investigate my background. They may have limited access to any information including, but not limited to a criminal history check.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

Sworn and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# ATTENTION

## *ABC & TAXI APPLICANTS*

Your receipt is your temporary license. Applicants will retain a copy of their license and provide a copy to their job.

The license is valid for 30 days from the day application payment is received. Upon written verification that applicant has applied and paid for fingerprint check an additional 30 day extension may be granted.

Applicants must contact the Long Branch Police Department for a status check before temporary license expires. Applicants may be penalized, if they fail to do so.

If all requirements to complete the application are not submitted by the expiration date, applicants will not be permitted to work.

(Unless authorized by a Captain at the LBPD)

**(NO RE-APPLYING AT ANYTIME)**

NEED TO BE FINGERPRINTED

With your initials, you hereby acknowledge and understand the above mention statements.

Applicants Initials:\_\_\_\_\_