TOWNSHIP OF BARNEGAT
900 WEST BAY AVENUE
BARNEGAT, NJ 08005
609-698-0080

APPLICATION FOR TAXICAB PERMIT

NAME OF BUSINESS:_____

ADDRESS:_____

TELEPHONE #:_____

NAME & SOCIAL SECURITY # OF OWNER:_____

NUMBER OF TAXI'S TO BE LICENSED:_____

MAKE, MODEL, YEAR AND VEHICLE REGISTRATION # OF EACH TAXI: ***EACH TAXI $500.00 FEE***

	MAKE	MODEL	YEAR	VEHICLE REGISTRATION
1)				
2)				
3)				
4)				

NUMBER OF OPERATORS TO BE LICENSED: ***EACH OPERATOR $50.00 FEE*** _____

NAME, ADDRESS, AGE, TELEPHONE # & DRIVERS LICENSE # OF EACH OPERATOR:

	NAME	ADDRESS	AGE	PHONE #	D/L #
1)					
2)					
3)					
4)					

NAME OF INSURANCE COMPANY INSURING TAXI'S AND OPERATOR'S: Copy to be attached:

_____

AMOUNT OF POLICY LIMITS:_____

DATE OF EXPIRATION OF POLICY:_____

INSURANCE AGENT INFORMATION:

NAME	ADDRESS	PHONE #

DESIGNATED AREA TO BE SERVICED BY TAXI:_____

_____

SET FORTH PROPOSED RATES TO BE CHARGED BY TAXI SERVICE:_____

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