

# Auto Cab Owner License

## INFORMATION REQUIRED WITH THE AUTO CAB OWNER LICENSE APPLICATION

1. TWO (2) PASSPORT SIZE [2X2] PHOTOGRAPHS OF THE APPLICANT [NO SUBSTITUTES].
2. ORIGINAL VALID DRIVER'S LICENSE OR OTHER PROOF OF IDENTIFICATION SUCH AS:
  - ORIGINAL BIRTH CERTIFICATE OR CERTIFIED COPY
  - US PASSPORT [CURRENT OR EXPIRED, LESS THAN 3 YEARS]
  - ALIEN REGISTRATION CARD
  - COUNTY ID
  - MILITARY ID
  - CURRENT STATE DIGITAL DRIVER'S LICENSE OR ID
3. A COPY OF YOUR PAPERWORK, IF YOU ARE A CORPORATION, LLC OR PARTNERSHIP.
4. APPLICANT'S SOCIAL SECURITY CARD , IF YOU DO NOT HAV YOUR CARD, YOU MAY ORDER A RELACEMENT FROM THE SOCIAL SECURITY OFFICE. [THEY WILL ISSUE YOU A RECEIPT, WHICH WE WILL ACCEPT].
  - LOCATION: 5 EXECUTIVE CAMPUS, CHERRY HILL, N.J. 08002
  - PHONE NUMBER: 1-800-772-1213
  - DIRECTIONS: TAKE 70 EAST, MAKE A LEFT ON CORNELL AVENUE [AT KING OF PIZZA BEFORE THE HOME DEPOT] AT THE TRAFFIC LIGHT, MAKE A LEFT ONTO KING AVENUE. THE SOCIAL SECURITY OFFICE IS ¼ MILE ON THE RIGHT.
5. FINGERPRINTS: ALL APPLICANTS ARE REQUIRED TO BE FINGERPRINTED AND SUBMIT THE ATTACHED APPLICATION TO : MORPHO TRAK, 1873 ROUTE 70, ROOM 204 CHERRY HILL, N.J. 08034.  
**MUST CALL IN ADVANCE TO SCHEDULE AN APPOINTMENT [877] 503-5981 OR ON THE WEB @ [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj) FEE OF \$ 41.00, MUST BE PAID IN MONEY ORDER, CREDIT CARD, OR ELECTRONIC DEBIT, NO CASH**
6. STATE SALES TAX CERTIFICATE OF AUTHORITY: ISSUED BY THE NEW JERSEY DIVISION OF TAXATION. YOU MAY CONTACT THEIR OFFICE AT [856] 614-2600 FOR INFORMATION REGARDING THIS CERTIFICATE.
7. VEHICLE [S] TITLE, REGISTRATION, INSURANCE CERTIFICATE AND INSURANCE CARD.
8. TWO (2) PHOTOGRAPHS OF THE VEHICLE[S], FRONT AND REAR.
9. ORIGINAL ABSTRACT OF YOUR DRIVING RECORD FROM THE NEW JERSEY MOTOR VEHICLE SERVICES [THE CLOSEST REGIONAL MOTOR VEHICLE OFFICE TO OBTAIN YOUR ABSTRACT IS LOCATED IN DEPTFORD, NEW JERSEY].  
DIRECTIONS: 676 SOUTH, TO 42 SOUTH, TO 295 SOUTH, TAKE EXIT 20 "THORDFARE", MAKE A RIGHT AT END OF EXIT RAMP. DMV IS IMMEDIATELY ON THE RIGHT.
10. A DOCTOR'S NOTE [WITHIN THE PAST 60 DAYS] STATING THAT YOU ARE OF SOUND PHYSICAL CONDITION AND NOTHING WOULD IMPAIR YOUR ABILITY TO DRIVE A TAXICAB.

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ALL LICENSES EXPIRE THE 31<sup>ST</sup> OF DECEMBER AND MUST BE RENEWED PRIOR TO JANUARY 1<sup>ST</sup> OR THE FOLLOWING LATE FEES APPLY.

- AFTER JANUARY 10 - 20% OF THE LICENSE FEE PENALTY
- AFTER JANUARY 30 - 30% OF THE LICENSE FEE PENALTY
- AFTER MARCH 1 - 35% OF THE LICENSE FEE PENALTY



CITY OF CAMDEN  
 DEPARTMENT OF CODE ENFORCEMENT  
 BUREAU OF LICENSE & INSPECTIONS  
 PO BOX 95120, CITY HALL ROOM 220  
 CAMDEN, NJ 08101-5120  
 PHONE:(856) 757-7131 OR 7006 FAX: (856) 342-7168

**AUTOCAB OWNER LICENSE APPLICATION**  
**FEE: \$289.20, AND \$77.28 FOR EACH DRIVER**

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

PHONE: \_\_\_\_\_ DISPATCH NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**AFFIDAVIT**

**STATE OF NEW JERSEY  
COUNTY OF CAMDEN : SS  
CITY OF CAMDEN**

\_\_\_\_\_, BEING DULY SWORN THAT  
HE/SHE IS THE INDIVIDUAL MAKING THE FORGOING APPLICATION FOR A  
\_\_\_\_\_ Auto cab owner \_\_\_\_\_ LICENSE AND THAT THE  
ANSWERS TO THE QUESTIONS CONTAINED THEREIN ARE TRUE.

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NEW JERSEY NOTARY PUBLIC**

**[SEAL]**

\_\_\_\_\_  
**APPLICANT**

