



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

TAXI CAB OWNER LICENSE APPLICATION

FEE: ANNUALLY = \$414.00, TAXI DRIVER BADGE \$87.28

Cab Company's info: Cab Company's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Dispatch Phone # [] _____

Applicant's info: Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Driver's License # _____ Date of birth: _____

Social Security # xxx-xx-_____ Cell Phone # [] _____

** Please provide only the last four digits**

Email Address: _____

Have you ever been convicted of a crime? [] Yes [] No: If yes, give date[s] and explain:

Insurance Company info: Name of Insurance Company: _____

Name of Insurance Agent: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone # [] _____ Fax # [] _____

PRINT NAME

DATE

SIGNATURE

Applicant

AFFIDAVIT

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

_____, BEING DULY SWORN THAT
Applicant

HE/SHE IS THE INDIVIDUAL MAKING THE FORGOING APPLICATION FOR A
TAXI CAB OWNER/TAXI DRIVER

_____ 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

INFORMATION REQUIRED WITH THE TAXI CAB OWNER LICENSE APPLICATION

- 1.** Two passport size [2x2] photos 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 three years]
 - Alien registration card
 - County ID
 - Military ID
 - Current State digital driver's license or ID
- 3.** Applicant's **social security card**, if you do not have your card, you may order a replacement card from the Social Security office. They will issue a receipt, which we will accept.
Phone: 1-800-772-1213
- 4. Fingerprints:** All applicants are required to be fingerprinted. The website to apply for your fingerprinting is
<https://www.njsp.org/criminal-history-records/index.shtml>.
Service Code = 2F1BH1(notarized)
Contributor Case number = EMPLOYEE
- 5.** 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.
- 6.** Original **abstract** of your driving record. This can be obtained from the New Jersey Motor Vehicle Services. The closest regional Motor Vehicle office is located in Deptford, New Jersey.
Directions: 676 South, to 42 South, to 295 South, take exit 20-Thorofare, make a right at the end of exit ramp. DMV is immediately on the right.
- 7. State Sales Tax Certificate of Authority:**
Phone: (609) 292-6400
Website: <https://www.state.nj.us/treasury/taxation/contact.shtml>
- 8. Title, registration, and insurance** card for vehicle [s].
- 9.** Two [2] **photographs** of the vehicle[s], [front and rear].
- 10.** If you are a **corporation**, please submit a copy of your paperwork.
- 11.** Bill of Sale