



Borough of Point Pleasant Beach
416 New Jersey Avenue
Point Pleasant Beach, NJ 08742
(732) 892-1118 ext. 210 / Fax (732) 892-1270

Application for Taxi/LSV Driver License

Name: _____ Maiden Name: _____

Street Address: _____ Phone #: _____

City/State/Zip: _____ Social Security #: _____

Driver's License #: _____ Expiration: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

US Citizen? Yes No

Name of Taxi/LSV Company you plan to work for: _____

Please list all places you have resided in the last five (5) years:

Please list previous employers in last five (5) years:

Name: _____

Address: _____

Position: _____ Date Employed: _____

Name: _____

Address: _____

Position: _____ Date Employed: _____

Name: _____

Address: _____

Position: _____ Date Employed: _____

Have you ever been convicted of any criminal or quasi-criminal statute, including municipal ordinances and traffic laws? Yes No

If yes, identify the following (add additional page if necessary):

Jurisdiction: _____ Date: _____

Charge: _____ Disposition: _____

Have you ever had your driver's license revoked/suspended? Yes No

If yes, identify the following (add additional page if necessary):

Jurisdiction of revoking/suspended license: _____

Date of revocation or suspension: _____

Reason given by jurisdiction for revocation/suspension: _____

SUBMITTALS:

In addition to this application, the following must be submitted:

_____ Medical Examiner's Certificate

_____ Three (3) passport size photographs (2"x2") taken within the last 30 days.

_____ Application Fee \$100.00

ATTESTATION:

The undersigned, does further state as follows:

1. I herewith present a certificate of Dr. _____ showing that he/she has examined me within sixty (60) days and that I am of sound physique, have good eyesight, am not subject to epilepsy, vertigo, heart trouble or any other infirmity of the body or mind which might render me unfit for the safe operation of a taxi cab/ LSV.
2. I am able to read and write the English language.
3. I have not been dishonorable discharged from the armed forces of the United States.
4. I am not a member of a subversive group that advocates the overthrow of the government by force.
5. I have been fingerprinted within ten (10) days prior to the making of this application.
6. I have reviewed this application, and all attachments and submittals, and that the information contained herein is true and accurate. I acknowledge and agree that a false statement knowingly made in this application shall bar the Applicant from further consideration and the application shall be denied.
7. In accordance with the Borough of Point Pleasant Beach Municipal Code, the Point Pleasant Beach Police Department shall investigate the criminal history and veracity regarding information on this applicant. The Applicant authorizes and agrees that the New Jersey State Police or other agency release information to the Point Pleasant Beach Police Department in that regard.

Signature of Applicant

Date

FOR OFFICAL USE ONLY:

Date approved: _____ License #: _____ Fee received: _____