

MOUNT LAUREL TOWNSHIP
APPLICATION FOR A TAXICAB LICENSE

MUNICIPAL CLERK'S OFFICE
MOUNT LAUREL MUNICIPAL CENTER
100 MOUNT LAUREL ROAD
MOUNT LAUREL, NJ 08054

(856) 234-0001, Ext. 236
depclerk@mountlaurel.com

Application is hereby made for a Taxicab License pursuant to the provisions of Ordinance #1973-11

Full name of Applicant _____
Address _____
Telephone # _____
Date of Birth _____
Social Security # _____

Description of vehicles to be licensed:

Make _____ Year _____ Color _____
Body Type _____ Cylinders _____ Vin # _____
Length taxi has been in use _____
Number of passengers suitable for carrying _____

Make _____ Year _____ Color _____
Body Type _____ Cylinders _____ Vin # _____
Length taxi has been in use _____
Number of passengers suitable for carrying _____

If there is a partnership, state name and addresses of all parties:

If corporation, state names, addresses of the Officers, Directors and Stockholders:

Has applicant, partners or officers of the corporation been convicted of a crime? _____

If so, what _____

Crime of which convicted _____

Date & place of conviction _____

Punishment _____

Insurance provider _____

Policy # _____ Date _____ Amount _____

Fee: \$50 per cab

Paid: _____

Signature of Applicant