

Township of Livingston
357 S. Livingston Ave.
Livingston, NJ (973) 992-5000
Fax # (973) 535-7967

Limousine / Taxi Driver Application

Date: _____ New: Renewal:

License Type: Taxi: Limo:

Name: _____ Cell Phone: _____

Address: _____ City / State / Zip: _____

Date of Birth: _____ Social Security #: _____

NJ Driver's License #: _____ Email: _____

Business Name: _____

Business Address: _____

Address of Principal Place of Business (if different than above):

Corpcode Number: _____ (match registration)

Have you ever been charged, arrested or convicted of any violation of the law in New Jersey?

Yes No

If yes, explain: _____

Any other State? Yes No

If yes, explain: _____

****EACH DRIVER MUST SUBMIT THE FOLLOWING ITEMS****

Background Check Submitted Date of Background Check: _____

Photos: (2) 2" X 2" Provided \$5 Application Fee (Payable to Township of Livingston)

Auto Insurance Policy Name/Number: _____ Copy of Registration:

I hereby certify that the foregoing statements are true and accurate:

Print Name: _____ Signature: _____ Date: _____
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*Clerk Use Only*

Application Approved:

Application Denied: