

APPLICATION FOR LIMOUSINE OPERATOR – CHECKLIST

_____ COMPLETED APPLICATION

- Requires to be signed by the owner of the company whom you will be employed
- Signed by applicant and notarized (Driver must be 21 years of age or older)

_____ LETTER FROM MOTOR VEHICLE AUTHORIZING APPLICANT AS QUALIFIED FOR EMPLOYMENT

_____ TOWN OF DOVER POLICE FORM

_____ MOTOR VEHICLE ABSTRACT

- Abstract must be within **30 days** of the filling of application

_____ DRUG TEST RECEIPT

- Receipt/results must be within **30 days** of application

_____ FINGERPRINT RECEIPT

_____ COPY OF DRIVERS LICENSE

_____ TWO **(2)** PASSPORT SIZE PHOTOS

_____ PAYMENT:

- \$100.00 NEW or RENEWAL License fee
- \$40.00 LOST/REVISED (Application only required)

APPLICATION MUST BE COMPLETE AND ALL ITEMS ATTACHED OR IT WILL NOT BE ACCEPTED



**OFFICE OF THE MUNICIPAL CLERK
APPLICATION FOR LIMOUSINE OPERATOR
NEW RENEWAL REPLACE/REVISED**

All Limousine Operator Licenses shall begin on the first day of September each year and terminate on the thirty-first day of August.

All questions on this application must be fully and truthfully answered; otherwise applicant will receive NO consideration.

NEW LICENSE FEE	\$100.00
RENEWAL OF LICENSE FEE	\$100.00
REPLACEMENT FOR LOST LICENSE FEE	\$40.00
FINGERPRINTING PERFORMED BY MORPHOTRAK	

DATE _____

I, the undersigned, hereby apply to the Municipal Clerk for a license to drive a limousine in the Town of Dover, and for that purpose, file the description of myself, and give the following answers to the questions contained in this application:

1. What is your full name? _____
2. Address _____
3. Phone Number _____
4. Where have you lived for the past five years? (Give addresses and dates)

5. What is your age? _____ 6. Are you married or single? Married Single
 (must be at least 21)
7. Are you addicted to the use of intoxicating liquor or any drug? Yes No
8. Has any license issued to you by the Town of Dover ever been suspended or revoked? Yes No
9. What is your State Driver's License Number? _____
10. Have you ever been arrested or summoned to court on any charge? (Give particulars and disposition of every such case.) The question means NOT ONLY traffic arrests but arrests and summons of EVERY violation which applicant has committed against the law.

11. Give the name and address of your employers and your occupation for the past five (5) years:

Dates	Employer	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Do you have child support obligations? Yes No If no, proceed to Number 14.

13. Are child support obligations current pursuant to N.J.S.A. 2A:17-56.41? Yes No

14. By whom will you be employed? _____

Signature of Company Owner _____

15. Personal Description:

(a) Race _____ (d) Weight _____ (g) Date of Birth _____ (j) Birth Place _____

(b) Sex _____ (e) Eye Color _____ (h) Soc. Sec. No. _____ (k) Other _____

(c) Height _____ (f) Hair Color _____ (i) Scars, Marks, etc _____

16. Name and address of Nearest Relative _____

State of New Jersey)
Town of Dover) SS.
County of Morris)

_____, being duly sworn, deposes and says that he is the individual making the foregoing application for a Limousine Operator's license; that the answers to foregoing questions and other statements contained therein are true of his own knowledge and belief and that he will report in writing to the Municipal Clerk any change in address that may occur while this license remains in force:

(Applicant's Signature)

Sworn to me this _____ Day of _____, 20____.

(Notary)

POLICE DEPARTMENT - TOWN OF DOVER

Date _____

This is to certify, that the Police Department has investigated the qualifications of the within applicant (_____) for a Limousine Operator's license, has examined his State Driver's License and hereby recommends that such license be issued.

License Number Issued _____

(Dover Police Department)

(Municipal Clerk)



TOWN OF DOVER POLICE DEPARTMENT

37 NORTH SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-0302 Fax: (973) 366-1813

LIMOUSINE OPERATOR APPLICANT INFORMATION:	INCIDENT NUMBER:	MASTER NAME # 1409-
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SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE.	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU MAY HAVE USED OR BEEN KNOWN BY:			
3. ADDRESS WHERE YOU RESIDE NUMBER/STREET		APT/UNIT	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX):			
5. CONTACT NUMBERS			
HOME	WORK	CELLULAR	
6. EMAIL ADDRESS			
HOME		WORK	
7. CITIZENSHIP			
Are you a U.S. citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If, no are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
11. DRIVERS LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP.	HEIGHT WEIGHT HAIR COLOR EYE COLOR
13. EMPLOYER (TAXI COMPANY)		14. BUSINESS PHONE	
15. EMPLOYER ADDRESS			
16. COMMENTS:			
17. An applicant who has made a false statement, omission, misrepresentation or concealment of a material fact, or who practices or attempts to practice any deception or fraud in securing eligibility for appointment or applicants who provide answers contrary to official records may be rejected or disqualified from eligibility. Discovery of the aforementioned at any time after appointment to the position may result in revocation of licensing.			
18. “By my signature affixed below I attest that I have read and understand the above instructions and warnings.”			
Signature of Applicant: _____ Date: _____			

TOWN OF DOVER

Licensing Division
37 N SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200 x1159 Fax: (973) 328-6524



Date:

To Whom It May Concern:

Please be advised the following person _____ is getting this Federal Reg. Drug Test as part of a requirement to become a Town of Dover Taxi Driver as per Ord. No. 3-2006. Please **collect the fee at time of service**, the Town of Dover **will not** be responsible for this charge.

Feel free to call with any questions you may have.

Very truly yours,

Licensing Inspector

Enclosures: