

TAXICAB APPLICATION CHECKLIST

- _____ Application Notarized
- _____ DMV Coupon (provided by Clerk's Office)
- _____ Copy of Vehicle Title
- _____ DMV Inspection Report
- _____ Vehicle Registration
- _____ Full Copy of Certificate of Liability
- _____ Payment to the Town of Dover
 - Taxi (up to 5 passengers) \$150.00
 - Taxi (6 or more passengers) \$250.00

LISTA DE VERIFICACIÓN DE SOLICITUD DE TAXI

- _____ Solicitud notariada
- _____ Cupón del DMV (proporcionado por la Oficina del Secretario)
- _____ Copia del Título del Vehículo
- _____ Informe de inspección del DMV
- _____ Matrículas
- _____ Copia completa del Certificado de Responsabilidad
- _____ Pago a la ciudad de Dover
- Taxi (hasta 5 pasajeros) \$150.00
- Taxi (6 o más pasajeros) \$250.00



- RENEWAL
- NEW
- REPLACEMENT

**OFFICE OF THE TOWN CLERK
APPLICATION FOR TAXICAB OWNER'S LICENSE**

All taxicab/limousine licenses shall begin on the first day of June of each year and terminate on the thirty-first day of May next succeeding.

A Taxicab Owner's License does not entitle owner to drive a taxicab without also obtaining a Taxicab Driver's License.

This application **MUST** be filled out for each and every taxicab/limousine applied for: **Date:** _____

Company Name/Owner: _____

Address: _____, the undersigned, hereby applies to the Town Clerk for a license to operate a public taxicab/limousine as desired below within the Town of Dover.

The following questions **MUST** be answered:

Are you legally eligible to work in the United States? YES NO Home Phone _____

Residential Address: _____ Business Phone _____

_____ Fax No. _____ e-mail address: _____

Attach identification of proof that you are at least 21 years of age.

If partnership, the following questions MUST be answered:

Give firm name: _____

Office Location: _____

Give name and address of partners:

_____ residing at: _____

_____ residing at: _____

If Corporation or Limited Liability Company, the following questions MUST be answered:

Registered Office Address: _____

In what state incorporated _____

NJ Corporation Number _____ EIN _____

Vehicle Information:

1. Give address where vehicles will be kept: _____

2. Have you complied with the provisions of Section 6 of an "ordinance to regulate and license taxicabs/limousines and the owners and operators thereof," 1946, in regard to insurance for this vehicle? YES NO

3. Name of Insurance Company and Agent _____

4. What is the type of vehicle to be licensed: Cab Limousine 5. Make of Vehicle _____

6. Vehicle Year _____ 7. Vehicle Type _____ 8. Vehicle Color _____

9. Serial/Vin No. _____ 10. Do you the own or lease said vehicle? Own Lease

11. Seating Capacity _____ 12. Distinguishing marks, if any _____

APPLICATION MUST BE NOTARIZED ON BACK

State of New Jersey
Town of Dover SS:
County of Morris

_____ being duly sworn, disposes and says that _____
is the individual making the foregoing application for a Taxicab/Limousine License, that the answers to foregoing questions and other
statements contained therein are true of his knowledge and belief, and that he will report in writing to the Town Clerk any of address
change that may occur while this license remains in force and that he will not permit the operation of said taxicab or taxicabs, except by
a duly licensed Taxicab driver, and he signed the forgoing application for and on behalf of the said

Signature _____
Address _____

Sworn to me this _____ day of _____ 20 _____

Notary Public, New Jersey
(seal) **My Commission Expires** _____ / _____ / _____

POLICE DEPARTMENT-----TOWN OF DOVER

This is to certify, that the Police department inspected the vehicle mentioned in this application owned by _____
_____ on / / State License number _____

This vehicle is in conformance with the standards established in the Code of Dover, Chapter 349.10 et seq.

The qualifications of the applicant as a taxicab owner have been investigated and it is hereby recommended that a taxicab license be issued.

Chief of Police

OFFICE OF THE TOWN CLERK-----TOWN OF DOVER

Date _____
Name of Applicant _____
Address _____
License number issued _____ Fee Paid _____

Town Clerk

Date: _____

TO WHOM IT MAY CONCERN:

This is to certify that _____ has presented
NAME & ADDRESS OF APPLICANT
proof of insurance for the following vehicle to be used for livery:

YEAR, MAKE AND VIN # OF VEHICLE

INSURED BY: _____
NAME OF INSURANCE COMPANY

AGENT: _____
NAME & ADDRESS OF INSURANCE AGENT

EXPIRATION DATE: _____
DATE POLICY EXPIRES

LIABILITY INSURANCE: _____
Amount of policy

BODILY INJURY & PROPERTY DAMAGE: _____
Amount of Policy

POLICY #: _____

Also filed with this office is Power of Attorney appointing **Lorraine England**, Chief Fiscal Officer of the Town of Dover, acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy of bond filed in the Town of Dover in conjunction with such registration in accordance with N.J.S.A. 48:16-14.

Very truly yours,

Tara M. Pettoni, Municipal Clerk

MAYOR JAMES P. DODD
(973) 366-2200 Ext. 1144
E-mail: jdodd@dover.nj.us

ADAM E. CRUZ
Business Administrator
973-366-2200 Ext. 1127
E-mail: acruz@dover.nj.us

Website: dover.nj.us
FAX: (973) 328-6524

TOWN OF DOVER
Municipal Clerk's Office



37 NORTH SUSSEX STREET
DOVER, N.J. 07801

Council Members:
GEOVANI ESTACIO
SERGIO RODRIGUEZ
KAROL RUIZ
ARTURO SANTANA
MICHAEL SCARNEO
MARCO TAPIA
CLAUDIA P. TORO
SANDRA WITTNER

TARA M. PETTONI, RMC
Municipal Clerk
973-366-2200 Ext. 1128
E-mail: tpettoni@dover.nj.us

DATE: _____

To: Clerk's Office

I, _____, owner of
PROPERTY OWNER'S FULL NAME

STREET ADDRESS, CITY, STATE, ZIP CODE

certify that the above-mentioned property has a driveway, and the following vehicle is authorized to use the driveway for storage purposes.

Signature of Property Owner

Property Owner's Telephone Number

Vehicle Make, Model and Vehicle Identification Number

Year, Color and License Plate

State of New Jersey

County of _____

On _____, 20____ before me, _____, Notary Public in and for said county, personally appeared _____, (signer/witness) who has/have satisfactorily identified him/her/themselves as the signer(s) or witness(es) to the above referenced document.

(Affix Notary Stamp Here)

Notary Public Signature

My Commission Expires: _____

MAYOR JAMES P. DODD
(973) 366-2200 Ext. 1144
E-mail: jdodd@dover.nj.us

ADAM E. CRUZ
Business Administrator
973-366-2200 Ext. 1127
E-mail: acruz@dover.nj.us

Website: dover.nj.us
FAX: (973) 328-6524

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Municipal Clerk
973-366-2200 Ext. 1128
E-mail: tpettoni@dover.nj.us

Date: _____

TO WHOM IT MAY CONCERN:

This is to certify that _____ has
NAME & ADDRESS OF APPLICANT

presented proof of insurance for the following vehicle to be used for livery:

YEAR, MAKE AND VIN # OF VEHICLE

INSURED BY: _____
NAME OF INSURANCE COMPANY

AGENT: _____
NAME & ADDRESS OF INSURANCE AGENT

EXPIRATION DATE: _____
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LIABILITY INSURANCE: _____
AMOUNT OF POLICY

BODILY INJURY & PROPERTY DAMAGE: _____
AMOUNT OF POLICY

POLICY #: _____

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Sincerely,

Tara M. Pettoni, RMC
Municipal Clerk