

BOROUGH OF CARTERET  
NEW JERSEY

APPLICATION FOR TAXICAB DRIVER LICENSE (FEE = \$25.00)  
If any false or incorrect statement is made in this applica-  
tion, it will be considered cause for revocation of the license  
or licenses.

All Taxicab Drivers Licenses terminate on the 15th of May,  
next succeeding.

I, the undersigned, hereby apply to the Borough Clerk for a license to drive a  
taxicab in the Borough of Carteret and for that purpose file the following photograph  
and description of myself, and give the following answers to the questions contained  
in this application:

1. What is your full name? \_\_\_\_\_
2. Where do you live? \_\_\_\_\_
3. What is your age? \_\_\_\_\_ 4. Date of Birth? \_\_\_\_\_
5. How many years of grade school did you complete? \_\_\_\_\_ High School? \_\_\_\_\_
6. How long have you resided in Carteret? \_\_\_\_\_
7. Are you a citizen? \_\_\_\_\_ Native born? \_\_\_\_\_ Naturalized? \_\_\_\_\_
8. Are you a veteran? \_\_\_\_\_ Disabled Veteran? \_\_\_\_\_
9. Are you addicted to use of intoxicating liquor or any drug? \_\_\_\_\_
10. What is the number of your State Driver's License? \_\_\_\_\_
11. Has any drivers license heretofore issued to you ever been suspended or revoked?  
(if so, give particulars) \_\_\_\_\_

12. Have you ever been arrested or summoned to court on any charge? (Give particulars  
and disposition in every such case). \_\_\_\_\_

13. By whom will you be employed? \_\_\_\_\_

PERSONAL DESCRIPTION

- |                  |                      |
|------------------|----------------------|
| (a) Color _____  | (d) Weight _____     |
| (b) Sex _____    | (e) Color eyes _____ |
| (c) Height _____ | (f) Color hair _____ |

PHOTOGRAPH

Date of Photograph: \_\_\_\_\_

STATE OF NEW JERSEY)      SS  
COUNTY OF MIDDLESEX)

\_\_\_\_\_ being duly sworn, deposes and says that he  
is the individual making the foregoing application for a questions and other statements  
contained therein are true to his own knowledge and belief and that he will report  
promptly in writing to the Borough Clerk and to the Police Department any change in  
address that may occur while this license remain in force.

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

FEE PAID: \$ \_\_\_\_\_ License Number Issued: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_ Signature \_\_\_\_\_  
Borough Clerk

V O U C H E R S

1. I, the undersigned, have known the applicant herein mentioned for a period of \_\_\_\_\_  
\_\_\_\_\_ . I have observed his or her conduct during the period so  
stated and found him to be honest, sober, and of good character, civil in manner and be-  
havior. I know nothing to his prejudice and recommend him to the License Department as  
a fit person to be licensed as a driver of a public taxicab.

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_ Occupation \_\_\_\_\_

2. I, the undersigned, have known the applicant herein mentioned for a period of \_\_\_\_\_  
\_\_\_\_\_ . I have observed his or her conduct during the period so  
stated and found him to be honest, sober, and of good character, civil in manner and be-  
havior. I know nothing to his prejudice and recommend him to the License Department as  
a fit person to be licensed as a driver of a public taxicab.

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_ Occupation \_\_\_\_\_

PHYSICIAN'S STATEMENT

Physical Examination of Applicant for Taxicab Driver's License.

I, \_\_\_\_\_ have examined \_\_\_\_\_  
of \_\_\_\_\_ and make the following report:

Eyesight \_\_\_\_\_  
Hearing \_\_\_\_\_  
Heart \_\_\_\_\_  
Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any indications to show that applicant is subject to:

Epilepsy: \_\_\_\_\_ Vertigo \_\_\_\_\_

Has applicant any infirmities in body or mind which in your judgment as a physician would  
render him unfit to operate a taxicab? \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

POLICE DEPARTMENT  
REPORT

This is to certify that the Police Department has investigated the qualifications of the  
within named applicant \_\_\_\_\_ for a taxicab drivers license,  
has examined his State Driver's License, investigated his references, and hereby re-  
commends that such a license be:

GRANTED: \_\_\_\_\_ DENIED: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Chief of Police