



STEVEN M. FULOP
MAYOR

HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMERCE
4 Jackson Square, Jersey City, NJ 07305
Telephone # 201-547-5139
commerce@jcnj.org

ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

REQUIREMENT FOR NEW TAXICAB DRIVER'S LICENSE

1. All applications must be notarized. Please make sure the notary signs, seals and stamps the application.
2. Proof of address required, current PSE&G bill, water bill, telephone bill, landlord notarized letter. If you live with someone a notarized letter from the person you live with and a copy of that person's current utility bill. No P.O.Box number will be accepted.
3. You must submit to a Criminal Justice background check and fingerprinting, located at 365 Summit Avenue. The cost of the fingerprinting for the City of Jersey City is \$20.00. BCI only accepts money orders or cash as form of payment for the City of Jersey City. BCI will provide applications, appointment date and time and fee schedule for State Fingerprint and background check. You must attach a copy of the receipt from SAFRAN Morpho Trust USA to show proof of payment for state fingerprints
4. All applicants must be 21 years of age or older, possess a valid NJ Driver's license and have a minimum of three years driving experience.
5. You are required to **READ, WRITE & SPEAK** the English Language as well as have basic knowledge of Hudson County and Jersey City.
6. If you have any arrests or convictions, (other than ones previously reported you must attach a disposition. Disposition letters for Hudson county arrests/convictions can be obtained at 365 Summit Avenue, or N.J. Superior Court at 595 Newark Avenue. If you arrest/conviction occurred in a county other than Hudson County, you must go to that county to obtain the disposition letter. (I have attached a list of charges that automatically disqualifies an applicant from obtaining a Taxi Driver License in the State of N.J.)
7. All applicants must provide a current driving abstract from the New Jersey Department of Motor Vehicles (cannot be over 30 Days old).
8. A Medical Examination form has been provided, all applicants must have this form completed and stamped by a licensed Physician. Taxi Drivers must complete a Medical Examination every two years, if you are unsure of the date of your last examination, you can contact this office to check your file.
9. A copy of your N.J. Driver's License and Social Security card is required to be submitted with the application. .
10. If you are a U.S. Citizen, you must provide a passport, social security card or Birth Certificate.
11. If you are a Naturalized Citizens, you must provide proof of citizenship, example; Naturalization Certificate or U.S. Passport.
12. If you are not a U.S. Citizen you must provide a valid foreign passport with a current 1-94 Visa, a current U.S. Permanent resident card, or a valid employee Authorization card.
13. Two current photograph, size 1 ½" x 1 ½ ", Front view of face and shoulders and not more than three months old. No hat, cap or sunglasses are allowed.

License Fee is \$50.00 for a new Taxi License. Payments must be by check or money order, payable to the City of Jersey City.

If you have any questions, you can contact the Division of Commerce, 4 Jackson Square, J.C.,N.J. at (201)547-5139 Monday thru Friday between the hours of 8:30 a.m. to 4:00 p.m.



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NEW TAXI DRIVER LICENSE APPLICATION
LICENSE TERM JANUARY 1, 2022 - DECEMBER 31, 2022

FEE: \$50.00

TAXI DRIVER LICENSE NUMBER# _____ CAB NUMBER _____

Check One DAY NIGHT ALTERNATE

Name: _____ Address _____ Apt# _____

City _____ State _____ Zip Code _____

Telephone Number: _____ Cell Number: _____

Emergency Number _____

Date of Birth _____ Age: _____ Social Security # _____

N.J. Driver's License _____ EMAIL: _____

Do you have any physical or mental disorder, alcohol or drug dependency or are on medication that would impair your ability to drive a vehicle safely with proper control in the transportation of Passengers? **Check One** Yes No

If yes, provide details and include if you are or have ever been under treatment by a Doctor or Psychiatrist.

Include in or out patient treatment at a hospital or mental institution. List names and addresses of Doctors,
Hospitals including dates.



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Are you able to Read, Write and Speak the English Language?

Check One **Yes** **No**

Do you have a basic knowledge of Hudson County Roadways and Landmarks?

Check One **Yes** **No**

Are you familiar with the Taxi Ordinance of the City of Jersey City?

Check One **Yes** **No**

Are you a United States Citizen?

Check One **Yes** **No** If yes provide proof (ex: Birth Certificate/Passport/
Social Security Card.)

If Naturalized, Date of Naturalization _____ (Provide copy of certificate of
Naturalization)

Petition Number _____ Court where Granted _____

Country of Birth _____

IF Not a U.S. Citizen, Provide Permanent Resident Number: _____

Please provide a copy of your Permanent Resident Card

Have you ever been arrested? **Check One** **Yes** **No**

Convicted of a Crime? **Check One** **Yes** **No**

If yes, Date of Conviction _____

Nature of Offense:



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If on Probation or Parole: Name of Parole Officer _____
Telephone # _____

Please supply Disposition of all Charges:

Has your NJ or Any State Driver License ever been suspended or revoked?

Check One Yes No

If yes, give details

Within the last five (5) years, have you had a Taxi Driver License from any municipality, including Jersey City, denied, revoked, suspended or canceled? _____ if yes, give details:



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STATE OF NEW JERSEY

SS.

COUNTY OF HUDSON

I, _____ BEING DULY SWORN TO LAW, UPON OATH, DEPOSES AND SAYS
 THAT I AM THE APPLICANT NAMED
 AND THAT THE ANSWERS TO THE QUESTIONS STATED ON THIS APPLICATION ARE TRUE AND
 COMPLETE.

(Affix notary seal here)

Applicant's Signature: _____

Sworn to and subscribed before me this _____ day of _____ 20 ____

NOTARY PUBLIC SIGNATURE: _____

FOR OFFICE USE ONLY

APPROVED _____ DENIED _____ AMOUNT PAID \$_____ CHECK/MO _____

DIRECTOR'S SIGNATURE: _____



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CRIMINAL JUSTICE BACKGROUND AND SCOFFLAW VIOLATION CHECK

INSTRUCTIONS TO APPLICANT: Complete the "shaded Section" below. Bring it ONLY to the Jersey City Police Department, Bureau of Criminal Investigation (B.C.I.) at 365 Summit Avenue for fingerprints and completion. Return this form back to the Division of Commerce, 4 Jackson Square, as soon as possible to expedite the licensing process.

License Type: _____

Name: _____
 (Last) (First) (MI)

Address: _____

S.S. # _____ Date of Birth: _____ Sex: _____

Driver's License# _____ State _____

License Plate: _____ State: _____

Scofflaw Violations Check

FINDINGS: NEGATIVE POSITIVE

COMMENTS: _____

COMPLETED BY: _____ DATE: _____

TITLE: _____ TEL. # _____

AUTHORIZATION WAIVER

This is to certify that I have applied for a license application provided by the City of Jersey City. I do hereby authorize the release of any and all information that may be maintained in the Jersey City Police Department files or in the files of any other criminal justice organization, including traffic records, arrest files, police reports, etc.

I also release all persons from liability which could result from furnishing said information. Furthermore, I authorize the Jersey City Division of Commerce and the Jersey City Police Department to Xerox, copy, fax or otherwise produce this original document. The reproduced copy of this document will be considered as effective and valid as the original

Signature: _____ Date: _____

JERSEY CITY POLICE DEPARTMENT- B.C.I.

FINDINGS NEGATIVE POSITIVE

COMMENTS: _____

Completed By: _____ Date: _____

Title: _____ Tel. # _____



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MEDICAL EXAMINATION FORM—PHYSICIAN STATEMENT

Applicants Name: _____ Social Security # _____

Address: _____ Date of Birth: _____

TYPE OF LICENSE _____ NEW _____ RENEWAL _____

TO BE COMPLETED BY THE PHYSICIAN

THIS IS TO CERTIFY THAT ON _____ < I HAVE EXAMINED THE ABOVE NAMED
APPLICANT FOR THE MUNICIPAL LICENSE INDICATED ABOVE AND FIND THAT THE APPLICAT IS:

- ___ FREE OF ANY PHYSICAL OR MENTAL DISORDER
- ___ POSSESSED OF GOOD EYESIGHT, VISION FOR DISTANCE
RIGHT 20/___ LEFT 20/___ BOTH 20/___
___ WITHOUT CORRECTIVE LENSES ___ WITH CORRECTIVE LENSES
- ___ HAS 70 DEGREES OF PERIPHERAL VISION IN EACH EYE & CAN RECOGNIZE RED, GREEN AND AMBER
- ___ POSSESSED OF GOOD HEARING
- ___ DEVOID OF ANY DISEASES OR DEPENDENCIES ASSOCIATED WITH THE USE OF ALCOHOL AND/OR ANY NARCOTIC OR CDS
- ___ NOT TAKING ANY MEDICATION WHICH WOULD IN ANY WAY IMPEDE OR HAVE AN ADVERSE EFFECT UPON THE SAFE AND PROPER OPERATION OF A TAXICAB, BUS OR ANY OTHER VEHICLE UTILIZED TO TRANSPORT PASSENGERS.
- ___ NOT SUBJECT TO EPILEPSY, HEART DISEASE OR ANY OTHER MEDICAL DISORDER WHICH MIGHT RENDER THE APPLICANT UNFIT FOR THE SAFE OPERATION OF A TAXICAB, BUS, OR ANY OTHER VEHICLE USED TO TRANSPORT PASSENGERS.

IF THE PHYSICIAN IS UNABLE TO CERTIFY THE ABOVE, STATE BELOW WHAT PHYSICAL DEFECTS THE APPLICANT POSSESSES WHICH WOULD DISQUALIFY HIM/HER FROM TRANSPORTING PASSENGERS.

NAME OF EXAMINING PHYSICIAN (PRINT) _____ SIGNATURE: _____

DATE: _____ STATE LICENSE # _____

PHYSICIAN, PLEASE USE YOUR NAME ADDRESS STAMP THAT INCLUDES LICENSE NUMBER BELOW

TAXI

The owner of the taxi cab may, at their discretion, obtain additional motor vehicle liability insurance coverage from a company licensed outside New Jersey.

In addition, each operator/driver of a licensed taxicab must submit to the performance of a criminal history record background check paid for by them. The operator/driver shall be disqualified from operating or driving a taxi if a criminal history record background check reveals a record of conviction of any of the following crimes:

- Aggravated assault
- Arson
- Burglary
- Escape
- Extortion
- Homicide
- Kidnapping
- Robbery
- Aggravated Sexual Assault
- Sexual Assault
- Endangering the welfare of a child pursuant to N.J.S.A. 2C:24-4
- Crime pursuant to the provisions of N.J.S.A. 2C:39-9, 2C:39-4 or 2C:39-9
- Other than a disorderly persons or petty disorderly persons offense for the unlawful use, possession or sale of a controlled dangerous substance as defined in N.J.S.A. 2C:35-2



If a person who has been convicted of one of the crimes listed above can produce a certificate of rehabilitation, the criminal offense shall not disqualify the applicant from operating or driving a taxi cab. Please note, drivers who received consent to operate in a municipality prior to the effective date of P.L. 2011, c. 135 shall not be required to submit to a criminal history record background check.

Finally, all taxicabs shall display on the body of the vehicle their taxi license number along with each municipality that has issued a taxi license to that taxi cab. The information shall be 3 inches in height. The taxi license number must be located on the center rear quarter panel on the driver and passenger side as well as the rear center line of the trunk. The list of each municipality shall be displayed on each rear door.

P.L. 2011, c. 135 will take effect on Monday, November 28, 2011.

Very truly yours,

William G. Dressel, Jr.
Executive Director





SAFRAN

MorphoTrust USA

[Exit](#)

Confirmation

Please keep a record of your confirmation number, or print this page for your records. If you have any questions, experience problems, or need to reschedule or cancel your appointment, please contact the below customer service number:

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number: **ITSNJ0005846520**

Payment Details

Description	MORPHO TRUST NJ Fingerprinting Services https://nj.itstrust.com
Payment Amount	\$40.69
Payment Date	08/18/2017
Status	PROCESSED
Applicant Name:	
Appointment Into	Mon Aug 28 2017 11:05 AM
Customer Service Number	1-877-503-5881

Payment Method

Payer Name	
Card Number	
Card Type	Master Card
Approval Code	2388186
Confirmation Email	

Billing Address

Address	
City	JERSEY CITY
State	NJ
Zip Code	

08/18/17 12:01 PM