



STEVEN M. FULOP
MAYOR

HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMERCE
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ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

TAXI OWNER RENEWAL APPLICATION
License Term April 1, 2022 TO March 31, 2023

License# _____

FEE: \$250.00 PER TAXI

BUSINESS INFORMATION

BUSINESS NAME: _____ Trade Name: _____

BUSINESS ADDRESS: _____ TELEPHONE# _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY PHONE NUMBER _____ EMAIL _____

IS YOUR VEHICLE LEASED? _____ YES _____ NO (IF YES, ATTACH COPY OF LEASE)

NUMBER OF TAXICABS YOU HAVE CURRENTLY LICENSED BY THE CITY OF JERSEY CITY: _____

NUMBER OF TAXICABS FOR WHICH THIS APPLICATION IS BEING SUBMITTED: _____

LIABILITY INSURANCE INFORMATION:

NAME OF INSURANCE AGENCY: _____

CONTACT PERSON: _____

BUSINESS ADDRESS: (NO P.O. BOX) _____

TELEPHONE # _____

NAME OF INSURANCE CARRIER: _____

NJ INSURANCE NAIC NUMBER _____

ADDRESS: _____

INDIVIDUAL COMPLETING TAXI LICENSE APPLICATION: _____

HOME ADDRESS: _____

TELEPHONE NUMBER _____

CHECK ONE STOCKHOLDER PARTNER SOLE OWNER OTHER _____



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TAXI DRIVER INSURANCE ENDORSEMENT SCHEDULE INFORMATION: Complete the following information on each application. (If this application is for more than one (1) insurance company, include driver endorsement for each vehicle).

Insurance Company Name: _____

Insurance Policy Number _____ Effective Date: _____ Expiration Date: _____

Total Vehicles Insured: _____ Insurance Broker Contact Name: _____

Phone Number _____

Total # of Day Drivers: _____ Total # of Night Drivers: _____ Total # of Alternate Drivers _____

(PREPARE AND SUBMIT A LISTING OF DRIVERS INDICATING THEIR TAXI DRIVER NUMBER AND THE TAXI # OF THE VEHICLE THEY ARE ASSIGNED TO DRIVE, SPECIFY IF THEY ARE DAY, NIGHT OR ALTERNATE DRIVER.)

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.

COMPANY NAME

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY SIGNATURE _____ (AFFIX NOTARY SEAL)

(FOR OFFICE USE ONLY)

____ APPROVED ____ DISAPPROVED AMOUNT \$ _____ CHECK/MO # _____

DIRECTOR'S SIGNATURE _____ DATE _____

