<u>APPLICATION FOR TAXICAB LICENSE – CHECKLIST</u>

 APPLICATION (1) Application per vehicle Filled out completely. Incomplete applications will be rejected. Signed by applicant and notarized
 Copy of the Taxicab License from the issuing municipality for each vehicle.
 Copy of the Insurance Certificate naming Wharton Borough as a certificate holder.
 Copy of the current Vehicle Registration.
 "Power of Attorney" document.
 Fee: Check or Money Order in the amount of \$50.00 per application. • Made payable to the Borough of Wharton.
 Fee: Check or Money Order in the amount of \$5.00 per vehicle for decals. • Made payable to the Borough of Wharton.

RENEWAL
NFW

BOROUGH OF WHARTON APPLICATION FOR INTRA-MUNICIPAL TAXICAB OWNER'S LICENSE

All intra-municipal taxicab licenses shall begin on the first day of January of each year and terminate on the thirty-first day of December of that same An Intra-municipal Taxicab Owner's License does not entitle owner to drive a taxicab without also obtaining a Taxicab Driver's License from the original issuing authority. This application MUST be filled out for each and every taxicab applied for: Date: _____ Company Name/Owner: Address: , the undersigned, hereby applies to the Borough Clerk for an intra-municipal license to operate a public taxicab as desired below within the Borough of Wharton. The company presently holds a valid Taxicab License issued by: License # . Valid Until: The following questions **MUST** be answered: Home Phone Are you legally eligible to work in the United States? YES \square NO Business Phone Fax No.____ Residential Address: e-mail address: Attach identification of proof that you are at least 21 years of age. Attach a copy of the Taxicab License issued from the original issuing authority. Attach a copy of the Insurance Certificate naming the Borough of Wharton as a Certificate Holder. Attach the "Power of Attorney" document. **Vehicle Information:** 1. Give address where vehicles will be kept: 2. Have you complied with the provisions of Section 285-4.D(3) of an "ordinance to regulate and license taxicabs and the owners and operators thereof, in regard to insurance for this vehicle? I INO 3. Name of Insurance Company and Agent **4.** What is the type of vehicle to be licensed: Cab 5. Make of Vehicle 6. Vehicle Year 7. Vehicle Type 8. Vehicle Color **10**. Do you the own or lease said vehicle? Own Lease 9. Serial/Vin No. 11. Seating Capacity12. Distinguishing marks, if any Reviewed and approved by the Chief of Police: Dated:

Reviewed and issued License # . Municipal Clerk: Dated:

State of New Jersey Borough of Wharton County of Morris	SS:		
		being duly swo	orn, disposes and says that
other statements contained address change that may o	therein are true of hi	is knowledge and belief, and th	License, that the answers to foregoing questions and at he will report in writing to the Borough Clerk any of will not permit the operation of said taxicab or taxicabs, in for and on behalf of the said
		Signature	
		Address	
Sworn to me this c	lay of	20	
	ary Public, New Jers 1 Expires/	sey /	

POWER OF ATTORNEY

That the undersigned,	
Cabs vehicles in said state hereby;	ne laws of New Jersey relating to Registration of Taxi irrevocably appoints Joseph Kovalcik , Jr. , Chief
	Wharton and his/her successor in such office, its true facknowledging service of any process out of court of
, , ,	against the insured by virtue of the indemnity granted
	filed with the Borough of Wharton, in conjunction
with such registration in accordance	
It is requested that a copy of any not	ice, process or pleading served, thereunder be mailed
to:	
Name:	Date:
Company:	Year:
Address:	Make:
	VIN #:
Signature:	
(Vehicle information is requested to licensing.)	attach Power of Attorney to each application for
CORPORATE ACKNOWLEDGEM State of New Jersey County of Morris	ENT
On this day of	20, Before me personally
appeared	, who I am satisfied
the person	named in the above corporation and that
as s	uch Officer being authorized to execute the foregoing
instrument for the purpose herein co	ontained, by signing the name of the corporation by
himself as such officer.	
IN WITNESS WHEREOF, I have he	ereunder set my hand the official seal.
	NOTARY PUBLIC
My	Commission Expires/