



TAX COLLECTION AND LICENSING DIVISION
THE CITY OF EAST ORANGE, NEW JERSEY

44 CITY HALL PLAZA
EAST ORANGE, NEW JERSEY 07019

LESTER E. TAYLOR, III
MAYOR

Annmarie Corbitt
Tax Collector

Telephone: (973) 266-5159
Fax: (973) 675-3489

APPLICATION FOR TAXI VEHICLE LICENSE

DATE / _____ **VEHICLE NUMBER**

NAME _____
First Middle Initial Last

Home Address _____
Number Street City State Zip

Home Phone # _____
Area Code Number Beeper/Pager/Cell Phone Number

Trade Name of Business _____ Also Known As _____

Address _____
Number Street City State Zip

BUSINESS PHONE NUMBER _____ N.J. DRIVERS LICENSE NUMBER _____

.....
VEHICLE INFORMATION:

Year of Vehicle Make of Vehicle Vin Number Plate Number

INSURANCE: Policy Number _____ Company Name _____

INSURANCE AGENT Number Street City State Zip

THE CITY OF EAST ORANGE
LICENSING DIVISION

PROMISE OF EMPLOYMENT

I intend to employ _____ as a
owner operator in my company provided this person
meets the requirements set by the License Division of
the City of East Orange.

Upon the termination of employment of above named
person for any reason whatsoever, the employee will
be notified that he/she shall not use the same vehicle
or vehicle license if employed by another company in
the City of East Orange. He/she will be informed
that it will be necessary to submit another application
to the License Division giving the name and address
of his/her new employer.

Signature of Employer or Authorized Agent

Name of Company

Date _____

POWER OF ATTORNEY

COUNTY OF _____

STATE OF NEW JERSEY

Know all man by these presents, that: _____
(NAME)

_____ of _____, New Jersey,
(Address) (City)

do hereby make, constitute and appoint the Licensing Division at 44 City Hall Plaza, East Orange, New Jersey, 07019, as true and lawful attorney for the purpose of acknowledging service of any process, out of court of competent jurisdiction, to be served against me by virtue of the indemnity granted me under any insurance policy or bond filed by me with the Licensing Division and I do agree that service of any such process against me shall be of the same force and effect as if served upon me personally.

AFFIDAVIT

On _____, 20_____, _____
(Date) (Year) (Name of Individual)

appeared before me in person. I am satisfied that this is the person who signed this power of attorney.

NOTARY PUBLIC

APPLICANT'S SIGNATURE