



City of Lambertville

18 York Street
Lambertville, NJ 08530
609-397-0110
Fax: 609-397-2203
www.lambertvillenj.org

APPLICATION FOR TAXI LICENSE

NAME OF OWNER _____

ADDRESS _____

PHONE _____

SUBMIT A SEPARATE FORM FOR EACH VEHICLE

MAKE _____ MODEL _____

SERIAL # _____ LICENSE # _____

COLOR _____ HOW LONG
IN SERVICE _____

LOCATION WHERE VEHICLE
CAN BE INSPECTED _____

Attach a copy of the declarations page of your current insurance policy. Both Liability and Personal Injury coverage must be provided.

Attach a copy of your driver's license, registration and any other papers that could be pertinent to prove your application.

I hereby certify that the information above is correct and that:

____ I am a citizen of the United States or, if not, have declared my intention to become a citizen and that I am a person of good moral character and have not been convicted of any crime involving moral turpitude within the past ten years: or

____ I represent a corporation that is incorporated or is duly authorized to do business under the laws of the State of New Jersey and that all members of this corporation or partnership are persons of good moral character and have not been convicted of any crime involving moral turpitude within the past ten years.

Signature _____ Date _____

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POLICE DEPARTMENT COMMENTS AND APPROVAL:

OFFICER BADGE NUMBER: _____ DATE: _____

APPROVED: _____ DENIED: _____

REASON FOR DENIAL: _____

LICENSING AGENT FOR THE CITY OF LAMBERTVILLE:

LICENSE NUMBER ASSIGNED: _____ DATE: _____