

**BOROUGH OF PALISADES PARK  
BERGEN COUNTY, NEW JERSEY**

**APPLICATION FOR TAXI OWNERS LICENSE**

FEE \_\_\_\_\_

LICENSE # \_\_\_\_\_

To: Mayor and Council  
Palisades Park, NJ

1. Name of Company: \_\_\_\_\_

2. Company Address: \_\_\_\_\_

3. Owners Name & Home Address: \_\_\_\_\_

4. Will owner operate vehicle personally? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Number of employee's to operate vehicle(s)? \_\_\_\_\_

6. List Names of all persons to operate vehicle(s):

Name	Address
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_____	_____
_____	_____
_____	_____

7. Has petitioner been a resident of Bergen County for at least 30 days prior to the date of this application  
Yes \_\_\_\_\_ No \_\_\_\_\_

8. Number of Vehicles petitioner requests to operate: \_\_\_\_\_

9. List the following for each vehicle:

Year	Make	Body Type	Color	Plate #
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Will Rates be determined by Meter: \_\_\_\_\_ or by Flat Rate: \_\_\_\_\_

10. If by Meter, at what Rates: \_\_\_\_\_

11. If Flat Rate, affix proposed rates to following locations:

_____
_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**(All vehicles must be inspected by the Palisades Park Police Department before issuance of license)**

The Vehicles described in this application, have been inspected by: \_\_\_\_\_, of the Palisades Park Police Department, for compliance with sanitary and safety requirements and are hereby: approved denied

Chief of Police Signature: \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Borough Clerk