



CITY OF ATLANTIC CITY
MERCANTILE SECTION
CITY HALL • ROOM 120 • ATLANTIC CITY, NJ 08401
TELEPHONE: 609-347-5315 or 609-347-5316
FAX: 609-347-6113



TAXICAB MEDALLION TRANSFER OF OWNERSHIP

This Application must be filed with the Mercantile License Section.

Please check the box next to each item on the list after you complete that requirement.

MERCANTILE
CHECK-OFF

1. Taxicab Medallion Transfer Application;
2. Transferor Taxicab Medallion Proof of Ownership;
3. Sales Agreement, vehicle title and registration;
4. New Jersey Business Registration (If Applicable);
5. Proof of Citizenship or Work Authorization Card (bring original and copy);
6. Valid Photo Identification (must be at least 18 years old);
7. Completed Background Check, if a new applicant;
(Fingerprints/MorphoTrak - \$20.00 Application Fee)
(Personal Data Form - Warrant Check)
8. Taxi Medallion Owner Application
9. Taxi Medallion Lease Application (if applicable);
10. Taxi Driver Application (if applicable);

Upon receipt of required material and payment of License Fees, the Mercantile Office will continue the application process, issuance of ID Card and License. A full reading of Chapter **233** of the Atlantic City Code (www.cityofatlanticcity.org) should answer any and all questions you may have.

For further assistance, please call (609) 347-5315 or (609) 347-5316

CITY OF ATLANTIC CITY

**DEPARTMENT OF LICENSING & INSPECTIONS
REGULATORY DIVISION/MERCANTILE LICENSE SECTION
CITY HALL – SUITE 120
1301 BACHARACH BOULEVARD
ATLANTIC CITY, NJ 08401-4603
Telephone – (609) 347-5315
Fax – (609) 347-6113**



TAXI MEDALLION TRANSFER OF OWNERSHIP APPLICATION

The undersigned desires to transfer a taxicab medallion, by purchase, gift or bequest, in accordance with the Laws of the State of New Jersey and the Ordinances of the City of Atlantic City

Date: _____ Taxicab Medallion Number: _____

Medallion Owner's Name (Transferor/Seller): _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Percentage of Medallion Owned: _____ (attach proof of ownership)

Percentage of Ownership to be Transferred: _____

Make and Model of Vehicle to be transferred: _____

Year: _____ Color: _____ Plate No. _____ Vin Number: _____

A copy of your sales agreement along with a copy of the title and registration must be attached.

Has a Tort Judgment been filed against the holder of this Medallion? No Yes

If Yes, and you are appealing this judgment, you must present a bond in an amount to satisfy the judgment, or attach written permission from all the tort judgment creditors in accordance to Chapter 233-3. B.

Transferee (Buyer) Name: _____

Company Name: _____

If the Transferee (Buyer) is a Corporation or a Limited-Liability Company, the Applicant must attach their New Jersey Business Registration to this application.

Federal Tax ID No. _____ State Tax ID No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

Telephone No: _____ Cell Phone No. _____

Are you a U.S. Citizen: _____ Naturalized: _____ Date Naturalized: _____

If you are not a U.S. Citizen, you must present your Green Card

Driver's License No. _____ State: _____ Exp. Date: _____

Date of Birth: _____ Age: _____

Place of Birth: _____ Resident of New Jersey since: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Has your Driver's License ever been suspended or revoked? ___ No ___ Yes If yes, explain

Have you had a Mercantile License with the City of Atlantic City that has been revoked? ___ No

___ Yes If yes, explain: _____

Are you (Transferee/Buyer) addicted to the use of narcotics or illegal drugs? ___ No ___ Yes

If yes, explain: _____

Have you ever been convicted of a crime? ___ No ___ Yes If yes, explain: _____

Are you (Transferee/Buyer) on Parole or Probation? ___ No ___ Yes If yes, explain: _____

If you are on Parole or Probation, a letter from your supervising officer must be attached.

Have you (Transferee/Buyer) previously been licensed as a Taxi Owner or a Taxi Driver in Atlantic City? ___ No ___ Yes If yes, give last year and License No(s). _____

If you (Transferree/Buyer) will be utilizing an individual as your agent/or for "Limited Power of Attorney, complete the following:

Individual's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Cell Phone No.: _____

Document(s) authorizing agent and/or "Limited Power of Attorney" must be attached to this application and are only valid for the current license year for the medallion.

AFFIDAVIT

We, the undersigned owner (transferor/seller) and transferee (buyer), being of full age and being duly sworn upon our oath, according to the law, depose and say that the information presented in this Application is correct and accurate, and in compliance with the City of Atlantic City Code Chapter 223.3 and we have signed same.

Signature of Medallion Owner (Transferor/Seller)

Date

Signature of Transferee (Buyer)

Date

Receiving Clerk: _____
Signature Date

NOTE: *If you will be driving this vehicle, please complete and submit the attached Taxi Driver Application.*

If you will be leasing this vehicle, you will need to complete and submit the attached Taxi Medallion Lease Application.

AFFIDAVIT

I, _____, Transferee (Buyer) of Taxicab Medallion Number _____, being of full age and duly sworn upon my oath, according to law, depose and say that I have been previously fingerprinted in order to obtain a Mercantile License with the City of Atlantic City. Since my original fingerprinting, I have not been convicted of any crime which would prohibit me from obtaining a Mercantile License. I shall not use this Medallion and the Mercantile License for unlawful purposes and shall comply with all applicable law.

I have reviewed the foregoing statements made by me and state that they are true. I am aware that if any statement made by me is willfully false, I am subject to punishment, including, but not limited to, license revocation.

Signature

Date