

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 OWNER/OPERATOR

Date: _____ Taxicab Medallion Number: _____

Owner/Operator Mercantile License No. _____

Name : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Cell Phone No. _____

Driver's License No. _____ State: _____

Expiration Date: _____ Date of Birth: _____

Make and Model of Automobile covered under this license: _____

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

Insurance Company: _____

Name of Agent: _____

Address: _____

Telephone No.: _____ Cell Phone No.: _____

Policy No: _____

Date of Policy: _____ Expiration of Policy: _____

TAXICAB DRIVER INFORMATION

(Second Driver) Taxicab Driver Mercantile License Number _____

Taxi Cab Driver's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Drivers License Number: _____ State: _____

Expiration Date: _____ Date of Birth: _____

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

Revised 07/17/17

Taxicab Medallion Owner/Operator Application

(Third Driver) Taxicab Driver Mercantile License Number _____

Taxi Cab Driver's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Drivers License Number: _____ State: _____

Expiration Date: _____ Date of Birth: _____

(Fourth Driver) Taxicab Driver Mercantile License Number _____

Taxi Cab Driver's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Drivers License Number: _____ State: _____

Expiration Date: _____ Date of Birth: _____

The Applicant must attach the following items to your License Application or it will be deemed incomplete and will not be processed until it is complete:

- New Jersey Business Registration Certificate (If Applicable)
- New Jersey Driver's License
- Proof of citizenship i.e., Birth Certificate, Passport or if you are not a citizen submit your Permanent Residence Card or Work Authorization Card
- Certificate of Insurance (\$35,000.00) naming the City of Atlantic City as Certificate Holder
- Insurance Card (original and copy)
- Vehicle Registration (Business or Lessee name only)

AFFIDAVIT

I, _____, being of full age and being duly sworn upon my oath, according to the law, depose and say that I have read and understand the foregoing Application, the statements therein are true and I have signed same.

Applicant's Signature: _____

Receiving Clerk _____

Signature

Date

Revised 07/17/17