

**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**



**INITIAL TAXICAB DRIVER APPLICATION**

**The undersigned desires to drive a Taxicab in accordance with the laws of the State of New Jersey and the Ordinances of the City of Atlantic City**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Has your Driver's License ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No. If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has your taxi license ever been suspended? \_\_\_\_ Yes \_\_\_\_ No. If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No. If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently on parole or probation? \_\_\_\_ Yes \_\_\_\_ No. If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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

Can you read and/or write the English Language? \_\_\_\_ Yes \_\_\_\_ No

**TAXICAB DRIVER APPLICATION**

Applicant must indicate who they will be drive for:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner or Lessee’s Mercantile Driver No. \_\_\_\_\_ Medallion No. \_\_\_\_\_

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

- “Promise of Employment”
- 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

**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

*For Mercantile Office Use Only*

**Has the applicant demonstrated knowledge of the English Language? \_\_\_ Yes \_\_\_ No**

**Is the applicant familiar with the pattern of streets in Atlantic City and the location of public buildings? \_\_\_ Yes \_\_\_ No**

**Based upon the testing of the Applicant, their application has been \_\_\_ Approved \_\_\_ Denied**

**Test administered by:** \_\_\_\_\_  
**Signature**

**Date:** \_\_\_\_\_

**TAXICAB DRIVER APPLICATION**

**Promise of Employment**

Date: \_\_\_\_\_

This is to confirm that \_\_\_\_\_ will be hired as a taxicab driver  
Print Name of Prospective Driver

Name of Owner/Lessee: \_\_\_\_\_

Owner/Lessee Medallion Number: \_\_\_\_\_

Owner/Lessee Driver Card Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Lessee/Owner Signature: \_\_\_\_\_

Receiving Clerk \_\_\_\_\_  
Signature Date