

**APPLICATION FOR AUTOCABS, LIMOUSINES, AND
LIVERY SERVICES OPERATED WITHIN THE TOWNSHIP
OF MANSFIELD, WARREN COUNTY, NEW JERSEY**

NAME OF APPLICANT: _____

ADDRESS: _____

DATES RECIDED AT ADDRESS: _____

TELEPHONE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY
NUMBER: _____

YEARS OF DRIVING
EXPERIENCE: _____

NJ MOTOR VEHICLE LICENSE NUMBER: _____

FEE FOR DRIVER'S LICENSE PAID: _____

REMARKS: NAMES, ADDRESSES, AND PHONE NUMBERS OF THREE (3) REFRENCES (NOT RELATIVES) WHO CAN TESTIFY AS TO THE GOOD CHARACTER OF THE APPLICANT. Two forms of indentification must also be submitted.

1. _____

2. _____

3. _____

I, the undersigned, certify that the information in this application is true. I have not been convicted of any indictable offence or of reckless driving. I am fully aquainted with the ordinance under which this application is made.

Applicant

Seal

Notary Public Signature