VIN#
MAKE:
YEAR:
THIS VEHICLE REPLACES
VIN#
MAKE:
YEAR:

	\$50.00 Fee	
Paid		
Check		
Cash		
-		



## **Borough of Matawan**

201 Broad Street, Matawan, NJ 07747 732-566-3898					
www.matawanborough.com					
	Application for Taxi Owner License				
1.	Name of Taxi Cab Company:				
2.	Principal Business Address of Company and Telephone No				
3.	If a corporation, name and addresses of officers of the corporation:				
4.	If partnership, single proprietorship or LLC, names and addresses of all partners or members of the LLC				
5.	Names and addresses of all individuals who own more than 10% of the stock of the corporation or if unincorporated, own more than a 10% equity in the partnership or LLC.				
6.	Number of vehicles owned or managed by the cab company				
7.	Names of other municipalities that have authorized your company to operate as a cab company.				
8.	Has the company's license or individual's license to operate as a cab company ever been suspended or withdrawn by any municipality?				
9.	If so, set forth the name of the municipality and explain the circumstances				
10.	Set forth the name, address and policy number of the applicant's automobile insurance company and attach herewith a face sheet of the current policy that identifies the limits of the policy.				
	TE of NEW JERSEY ty of Monmouth SS:				
application application false. I may	the undersigned, am authorized to submit the within application for consideration by hof Matawan. I authorize the appropriate officials of the Borough of Matawan to investigate the information set forth on this including what may be considered personal or confidential information. I affirm that the information contained on this is true and accurate to the best of my personal knowledge, information, and belief. I am aware that if the information is willfully be subject to punishment. I am also aware that the Borough of Matawan reserves the exclusive right to not consider this in any fashion should the information provided in the within application be incorrect or incomplete.				
Signatur	e: Dated:				
Sworn and evidence. V	subscribed before me by, a person known to me or proved to me on the basis of satisfactory who thereupon on the execution of the within instrument affirmed the facts contained herein as accurate and executed this as and for his/her act and deed in my presence on theday of20				
	SEAL:				
	Public of the State of New Jersey commission expires on:				



## **MATAWAN POLICE DEPARTMENT**

201 Broad Street Matawan, NJ 07747

Dispatch (732) 566-1010 Non-Emergency (732) 290-2020

Fax - Patrol (732) 566-4038 Fax - Records (732) 566-2933

www.matawanpolice.org



Thomas J. Falco Jr. Chief of Police

Serving with Fairness, Compassion and Respect

Lt. Matthew T. O'Boyle Lt. Sean McCabe

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

	ormation from any ag	ency to the Matawan Police Department for the
purpose of obtaining a:	Г	This are the second sec
Type of permit / license		License Permit Employment
Date	<u>.</u> !	Signature of Applicant
	POLICE RECORD C	HECK
Name of Applicant		
Address		C'.
Street		City
County	State	Zip Code
		W
Male Female S.S. #_		D.O.B
	·····OFFICIAL USE O	NLY
Date		
To:		Police Department
The above named person resides in you	ur community and ap	plied for a license/permit in the Borough of A self-addressed envelope is enclosed for your
Chief Thomas J. Falco Matawan Police Department		

## **APPLICANT INSTRUCTIONS NJSP FORM 212A**

Log on to: https://www.njportal.com/njsp/criminalrecords/ and click on the ONLINE FORM 212A, a highlighted block located on the lower left side of the page.

Matawan Police Department ORI # NJ0132900

Follow the prompts for demographic and payment information.

Upon completion of the form you will receive an email confirmation & receipt that will include a confirmation number.

Your request will be forwarded to the Matawan Police Department.

For more information, click on the HELP TAB, located on the top right side of the page.