

**Borough of Hightstown
County of Mercer, New Jersey**

**Taxi Company
Application**

Fee Received: _____
Date Received By Clerk: _____
Date forwarded To Police Dept: _____

Fees: **\$100.00 per vehicle per year** or portion thereof Term:

January 1st – December 31st for the licensing year **2019**

Instructions

This application must be filled out in full and signed by the applicant.

Please type or print clearly all information. Any false statement is sufficient cause for exclusion of the applicant from consideration of licensing. Read each question carefully and answer all that is asked.

OWNERS: All applications must be accompanied by:

- a schedule of fees,
- a copy of vehicle(s) registration, and
- A certificate of insurance for each vehicle.
- Proof of fingerprinting. If you hold a **CURRENT** taxi driver's license in Mercer County a background check can be performed in place of fingerprinting. **Please see attached information. If you do not hold a CURRENT taxi driver's license in Mercer County FINGERPRINTING MUST be done.** Fingerprints are taken by appointment only which must be made on-line (see form enclosed).

Upon completing this application, take it to a notary public and all applicants must sign the application in the presence of the notary testifying that the statements on the application are true to the best of your knowledge.

Approval of all applications is subject to review by the Borough of Hightstown Police Department.

THERE MAY BE AMENDMENTS TO THE CURRENT TAXI ORDINANCE THAT YOU WILL HAVE TO FOLLOW IN ORDER TO KEEP YOUR APPROVED LICENSE.

This application is limited to a maximum of five (5) Taxi companies. The licenses shall be awarded on a first come first serve qualifying basis.

**SIGN HERE TO ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD THE ABOVE
INSTRUCTIONS**

Applicant: _____

<p>Please be advised that the attached applicant has been fingerprinted and has been cleared with the New Jersey State Bureau of Identification. I have examined the foregoing application and find no police record.</p> <p>Police Department: _____</p>
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OWNERS INFORMATION – Print or Type all information

Name of Applicant: _____

Company Name: _____

Company/Corporation/Partnership/Individual permanent address: _____

Telephone number: _____

If applicant is a corporation, give name and address of registered agent and Employer Identification Number (EIN #). If applicant is a partnership, give names and addresses of all partners: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when you are not on duty: _____

VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

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VEHICLE INFORMATION

Make and Model of Vehicle: _____

Color _____ Year _____ License Plate # _____

VIN Number: _____

Address where this vehicle will be kept when not on duty: _____

NOTICE TO ALL PERSONS SIGNING THIS FORM:

The Borough of Hightstown reserves the right to prosecute any false statement made on this form to the fullest extent of the law against the signer(s).

Be on notice that any person who includes false statement in this form (whether by omitting requested information, or by including information that is false), and then signs the form, will be subject to punishment. Pursuant to N.J.S.A. 2C:28-3(a), it is a crime of the fourth degree to make a false written statement on this form which the signer does not believe to be true. Pursuant to N.J.S.A. 2C:28-2(a), it is a crime of the fourth degree to make a false statement under oath or equivalent affirmation.

By my signature below, I hereby swear and affirm that:

- I am at least twenty-one (21) years of age.
- I am (check one) a United States citizen or a legal resident alien.
If a resident alien, a copy of the alien registration card or work permit must be submitted with this application.
- I possess a current and valid New Jersey driver's license.
A copy of your NJ Driver's License must be submitted with this application.
- I am not addicted to the use of narcotics or intoxicating liquors.
- I am able to read, speak and understand the English language.
- I have not been convicted of any crime involving moral turpitude.

- I have taken the time to study state and local motor vehicle laws, rules, and regulations. I have also made sure that I am fully informed of the geography of the Borough of Hightstown, Mercer County, and key locations (such as airports and train stations) in the State of New Jersey.
- I have not been convicted, within the three years prior to the date of the application, of reckless driving, driving while intoxicated, leaving the scene of an accident or driving more than 30 miles an hour above the speed limit.
- At the time of this application, I have no more than eight (8) New Jersey State Division of Motor Vehicle points on my driving record, or the equivalent if licensed in any other state.

I agree that I will inform the Borough of Hightstown in writing WITHIN THREE DAYS of any change in, or addition to, the information set forth above in this application.

I am the Owner of the above named company; that the questions are answered by me and that the statements of facts contained in the forgoing application are true to the best of my knowledge, information and belief.

Company Owner's name (printed) _____

Company Owner's signature _____

State of New Jersey ss County of _____ Subscribed before me on this _____ day of _____, 20____ _____ Notary Signature
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Fingerprinting and Background Checks

Fingerprinting

If you do not hold a **CURRENT** Taxi Driver's License in Mercer County **YOU MUST** be fingerprinted now. Please see the attached New Jersey Universal Fingerprint Form for instructions. This is done by appointment only which must be done on-line. Please include the fingerprint form and a copy of your receipt with your application.

Background Check

If you hold a CURRENT Taxi Driver's License for any municipality in Mercer County, only a background check needs to be performed. Please follow the instructions below for a **background check only**:

- Log on the <https://www.njportal.com/njsp/criminalrecords> and click on the ON LINE FORM 212A (a highlighted block located on the lower left side of the page)
- You **MUST** use ORI # **NJ0110400** in order for your report to be delivered to the Hightstown Police Department. If the Hightstown Police Department does not receive your report, your license will not be issued.
- You will 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. Please include this with your application.
- Your request will then be forwarded to the Police Department for approval and submission to the NJ State Police for processing.



By MorphoTrust USA

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ0110400		(2) Category LOX	(3) Statute Number 13:59-1		
(4) Reason for Fingerprinting LOCAL ORDINANCE			(5) Document Type S1	(6) Payment Information \$40.69	
(7) Contributor's Case # (Unique Identifier) TAXI			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City	State	Zip	
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> White (Includes Hispanic/ Spanish Origin) <input type="checkbox"/> Unknown		
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement)				
	Employer Address				
	City		State	Zip	
Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.69) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.69) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: HIGHTSTOWN PD		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_V2