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 LEASE APPLICATION

The undersigned desires to lease/operate a taxicab medallion in accordance with the Laws of the State of New Jersey and the Ordinances of the City of Atlantic City

Date: _____ Taxicab Medallion Number:_____

Medallion Owner's Name. _____

Company Name:_____

Address:_____

City: _____ State:_____ Zip Code:_____

Lessee Name: _____

Company Name: _____

If the Applicant is a Corporation or a Limited-Liability Company, the following items must be attached to this application:

- **A certified copy of Certificate of Incorporation; or**
- **Certificate of Formation;**
- **List of officers, shareholders and/or members; and**
- **Certified copy of Minutes of Meeting at which the current officers were elected.**

Federal Tax ID No. _____ State Tax ID No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No:_____ Cell Phone No. _____

Driver's License No. _____ State: _____ Exp. Date:_____

Date of Birth:_____ Age: _____

Make and Model of Automobile covered under this license:_____

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

Insurance Company:_____

TAXI MEDALLION LEASE APPLICATION

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: _____

(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:_____

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

(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:_____

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

If you (Applicant) will be utilizing an individual as your agent/or for "Limited Power of Attorney, complete the following:

Individual's Name:_____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Cell Phone No.: _____

Document(s) authorizing agent and/or "Limited Power of Attorney" must be notarized, attached to this application, and are only valid for the current license year for the medallion.

AFFIDAVIT

State of New Jersey

County of Atlantic

I, _____, being of full age and being duly sworn upon my oath, according to law, depose and say that the information presented in this Application is correct and accurate, I have read and understand the content of the above listed portion of the City Code of the City of Atlantic, and acknowledge these municipal regulations.

_____
Applicant's Signature

Sworn and subscribed to before me

this _____ day of _____, 20____

_____
Notary Public

Receiving Clerk_____
Signature Date

TAXI MEDALLION LEASE APPLICATION

CONTRACTURAL AGREEMENT

IS THE LEASE AGREEMENT/CONTRACT BETWEEN OWNER AND LESSEE

ATTACHED: _____ Yes _____ No

The Code of the City of Atlantic City states in Chapter 233-11:
(E) "An owner shall not authorize or allow a lessee or renter of a taxicab to sublease the taxicab medallion to another party.
(G) "Where a cab is leased, a lessee must be a driver and there shall be no more than a total of four drivers' (including the lessee) on a lease, but a fleet operator or mini-fleet owner can have as many drivers as he wants."
(H) - "A person who is a lessee shall not be a lessee to any other taxicab license and shall not operate any other taxicab than the one they are leasing."

The following terms apply to this Agreement:

As a requirement to operate a taxicab in the City of Atlantic City all medallion owners and lessees of the Medallions must enter into a valid lease agreement setting forth terms and conditions that include proof of payment and a prohibition of subleasing. Further, the Medallion Owners and lessees shall be required to provide the Department of Licensing & Inspections with proof of payment that will be in the form of a cancelled check or money order receipt made payable to the Medallion Owner. The lessees shall have a continuing requirement to submit proof that payment has been made pursuant to the lease agreement between the Medallion Owner and the lessee. Any lessee shall have thirty (30) days to cure any discrepancy in proof of payment. Any violation of the aforementioned requirements shall result in the prevention of the lessee driving under a Taxi Medallion.

AFFIDAVIT

State of New Jersey

County of Atlantic

We, the undersigned owner and lessee, being of full age and being duly sworn upon their oath, according to law, depose and say that the information presented in this Application is correct and accurate, and that we have read and understand the content of the above listed portion of the City Code of the City of Atlantic, and acknowledge these municipal regulations.

_____ _____

Signature of Medallion Owner **Date**

_____ _____

Signature of Lessee **Date**

Sworn and subscribed to before me

this _____ day of _____, 20____

_____ Receiving Clerk:_____

Notary Public Signature Date

TAXI MEDALLION LEASE AGREEMENT

Date: _____ Taxicab Medallion Number: _____

I, _____ of _____(Company), owner of Atlantic City Taxi Medallion Number _____, enter into this Lease Agreement with _____(Lessee), to lease the above referenced Taxicab Medallion in accordance with Chapter 233 of the City Code of the City of Atlantic City for the **amount of _____ dollars per month.** This Lease Agreement shall be effective from September 1, 20____ through August 31, 20 ____.

The following terms apply to this Agreement:

As a requirement to operate a taxicab in the City of Atlantic City all medallion owners and lessees of the Medallions must enter into a valid lease agreement setting forth terms and conditions that include proof of payment and a prohibition of subleasing. Further, the Medallion Owners and lessees shall be required to provide the Department of Licensing & Inspections with proof of payment that will be in the form of a cancelled check or money order receipt made payable to the Medallion Owner. The lessees shall have a continuing requirement to submit proof that payment has been made pursuant to the lease agreement between the Medallion Owner and the lessee. Any lessee shall have thirty (30) days to cure any discrepancy in proof of payment. Any violation of the aforementioned requirements shall result in the prevention of the lessee driving under a Taxi Medallion.

AFFIDAVIT

State of New Jersey:

County of Atlantic:

We, the undersigned Medallion Owner and Lessee, being of full age and being duly sworn upon our oath, according to law, depose and say that the information presented in this Taxi Medallion Leasing Agreement is correct and accurate, and that we have read and understand the content of the pertinent sections of the City Code of the City of Atlantic, and acknowledge these municipal regulations.

_____ _____

Signature of Taxi Medallion Owner **Date**

_____ _____

Signature of Lessee **Date**

Sworn and subscribed to before me on

this _____ day of _____, 20____

_____ Receiving Clerk:_____

Notary Public Signature Date