

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 OWNER APPLICATION

Date: _____ Taxicab Medallion Number: _____

Name of Medallion Owner: _____

Company's 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 #: _____ State Tax ID #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

Telephone No. _____ Cell Phone No. _____

Place of Birth: _____ Resident of New Jersey since: _____

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Has your Mercantile License ever been revoked? ____ Yes ____ No If yes, explain: _____

TAXI MEDALLION OWNER APPLICATION

Are you (Applicant) addicted to the use of narcotics or illegal drugs? ____ Yes ____ No If yes, explain: _____

Have you ever been convicted of a crime? ____ Yes ____ No If yes, explain: _____

Are you (Applicant) on Parole or Probation? ____ Yes ____ No If yes, explain: _____

If you are on Parole or Probation, a letter from you supervising officer must be attached.

Have you (Applicant) previously been licensed as a Taxi Owner or a Taxi Driver in Atlantic City? ____ Yes ____ No If yes, give last year and License No. _____

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 the law, depose and say that I have read and understand the foregoing Application and statements therein are true and I have signed same.

Applicant's Signature: _____

Sworn and subscribed to before me
this _____ day of _____, 20____

Notary Public

Receiving Clerk _____
Signature Date

**TAXI MEDALLION OWNER APPLICATION
CONTRACTUAL 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____

Notary Public

Receiving Clerk: _____
Signature Date

TAXI MEDALLION OWNER APPLICATION
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____

Notary Public

Receiving Clerk: _____
Signature Date

