

**MOUNT LAUREL TOWNSHIP**  
**APPLICATION FOR TAXICAB DRIVER'S LICENSE**

**MUNICIPAL CLERK'S OFFICE**  
**MOUNT LAUREL MUNICIPAL CENTER**  
**100 MOUNT LAUREL ROAD**  
**MOUNT LAUREL, NJ 08054**  
**(856) 234-0001, Ext. 1236**

**APPLICATION IS HEREBY MADE FOR A TAXICAB DRIVER'S LICENSE PURSUANT TO THE PROVISIONS OF ORDINANCE 1973-11 OF THE TOWNSHIP OF MOUNT LAUREL, COUNTY OF BURLINGTON, STATE OF NEW JERSEY.**

**Full Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Age** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Race** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Hair** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Height** \_\_\_\_\_

**Applicant a citizen of the United States of America** \_\_\_\_\_

**Has applicant ever been arrested or convicted of a crime?** \_\_\_\_\_

**If, so what offense** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date & place of arrest & conviction** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_

**License ever been revoked?** \_\_\_\_\_

**Has applicant ever been denied a license in Mt. Laurel** \_\_\_\_\_

**Submit with application 2 photos, completed criminal investigation form, abstract of drivers license from Division of Motor Vehicles.**

**Date** \_\_\_\_\_  
\_\_\_\_\_  
**Signature of Applicant**

**\*Fee Paid** \_\_\_\_\_

**Payment Received** \_\_\_\_\_

**\*Two passport photos and driving abstract required.**

**\*Fee is \$125.00**

NEW JERSEY STATE POLICE , STATE BUREAU OF IDENTIFICATION  
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

Complete address of Requesting Agency

ORI Number

Please conduct a name search of your files and forward a copy of any Criminal History Record Information you have regarding the following individual:

\_\_\_\_\_  
(Last Name) (First Name) (Middle)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth SS# Male or Female

Check appropriate box to indicate the purpose of the request and complete all other required information

Criminal Justice Purpose (Code C) Security check authorization waiver not required.

Request for FBI Record Check ( If this request is for a Criminal Justice Purpose and you desire a check of the FBI identification Bureau Files, check this box, fill in the subjects FSI number (if known) and submit this form in duplicate.)

\_\_\_\_\_  
 Block Parent/Helping Hand Type Program (Security check authorization is required)

\_\_\_\_\_  
 Non-Criminal Justice Employment/Licensing Purpose (Code E)  
Authority for Non-Criminal Justice Employment/Licensing Purpose

\_\_\_\_\_  
State or Federal Statute Rule or Regulation or Executive Order

\_\_\_\_\_  
Enter the appropriate Statute Citation, Rule or Regulation or Executive Order Number

\_\_\_\_\_  
 Local Ordinance (Security check authorization is required)

\_\_\_\_\_  
Type or print name of person making request

\_\_\_\_\_  
Signature of person making request

**SECURITY CHECK AUTHORIZATION (Waiver)**

Supervisor, State Bureau of Identification

As indicated above, I have applied for Non-Criminal justice employment, licensing or as a volunteer participant in a Block, Parent/Helping Hand Type Program. For the purpose of this application. I hereby authorize the release of any Criminal History Record Information maintained by your agency, meeting dissemination criteria for the stated purpose to the Mount Laurel Township Department of Public Safety. Any such information released as a result of this authorization shall be used for the express purpose of processing the above indicated application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date