



TAX COLLECTION AND LICENSING DIVISION  
**THE CITY OF EAST ORANGE, NEW JERSEY**

44 CITY HALL PLAZA  
EAST ORANGE, NEW JERSEY 07019

**LESTER E. TAYLOR, III**  
MAYOR

Annmarie Corbitt  
Tax Collector

Telephone: (973) 266-5159  
Fax: (973) 675-3489

**APPLICATION FOR TAXI VEHICLE LICENSE**

\_\_\_\_\_  
**DATE** / \_\_\_\_\_ **VEHICLE NUMBER**

NAME \_\_\_\_\_  
First Middle Initial Last

Home Address \_\_\_\_\_  
Number Street City State Zip

Home Phone # \_\_\_\_\_  
Area Code Number Beeper/Pager/Cell Phone Number

Trade Name of Business \_\_\_\_\_  
Also Known As

Address \_\_\_\_\_  
Number Street City State Zip

BUSINESS PHONE NUMBER \_\_\_\_\_  
N.J. DRIVERS LICENSE NUMBER \_\_\_\_\_

.....  
**VEHICLE INFORMATION:**

Year of Vehicle Make of Vehicle Vin Number Plate Number

INSURANCE: Policy Number \_\_\_\_\_ Company Name \_\_\_\_\_

INSURANCE AGENT Number Street City State Zip

THE CITY OF EAST ORANGE  
LICENSING DIVISION

PROMISE OF EMPLOYMENT

I intend to employ \_\_\_\_\_ as a  
owner operator in my company provided this person  
meets the requirements set by the License Division of  
the City of East Orange.

Upon the termination of employment of above named  
person for any reason whatsoever, the employee will  
be notified that he/she shall not use the same vehicle  
or vehicle license if employed by another company in  
the City of East Orange. He/she will be informed  
that it will be necessary to submit another application  
to the License Division giving the name and address  
of his/her new employer.

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Signature of Employer or Authorized Agent

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Name of Company

Date \_\_\_\_\_

# POWER OF ATTORNEY

COUNTY OF \_\_\_\_\_

STATE OF NEW JERSEY

Know all man by these presents, that: \_\_\_\_\_  
(NAME)

\_\_\_\_\_ of \_\_\_\_\_, New Jersey,  
(Address) (City)

do hereby make, constitute and appoint the Licensing Division at 44 City Hall Plaza, East Orange, New Jersey, 07019, as true and lawful attorney for the purpose of acknowledging service of any process, out of court of competent jurisdiction, to be served against me by virtue of the indemnity granted me under any insurance policy or bond filed by me with the Licensing Division and I do agree that service of any such process against me shall be of the same force and effect as if served upon me personally.

## AFFIDAVIT

On \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_  
(Date) (Year) (Name of Individual)

appeared before me in person. I am satisfied that this is the person who signed this power of attorney.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
APPLICANT'S SIGNATURE