

TOWNSHIP OF LIVINGSTON
357 S. Livingston Avenue, Livingston, NJ 07039

(973)992-5000

FAX (973)535-7967

APPLICATION FOR LICENSING
(Check one)

Taxi Driver _ Limo Driver _ Canvasser _ Distributor _ Peddler _

- SUBMIT WITH APPLICATION: 1) Letter of Good Conduct from Police Department of town(s) applicant has resided in for the last 3 years,
2) Sworn Affidavit of No Criminal Convictions

Date of Application _ / _ / License Year _____ New or Renewal _____

NAME OF APPLICANT _____ PHONE _____

ADDRESS _____ CITY/STATE/ZIP _____

Date of Birth _____ Soc Sec # _____

Driver's License # _____

Name of Firm Represented _____ Phone _____

Address _____ City/State/Zip _____

Is consent of firm authorizing representation attached: Yes ___ No ___

Distribution Material/Product or Service _____

Location to be worked: _____

Vehicle Information

Model: _____ Color: _____ Year: _____ License Plate: _____

Have you ever been charged, arrested or convicted of any violation of the law in New Jersey? Yes ___ No ___

or any other state? Yes ___ No ___ If yes, please explain

LIST THREE (3) REFERENCES:

1) Name _____ Phone _____

Address _____ City/State/Zip _____

2) Name _____ Phone _____

Address _____ City/State/Zip _____

3) Name _____ Phone _____

Address _____ City/State/Zip _____

FAILURE TO ANSWER ALL QUESTIONS TRUTHFULLY WILL RESULT IN DENIAL OF APPLICATION.

I hereby certify that the foregoing statements are true and correct,

Print Name: _____ Signature: _____

=====
Date Fingerprinted: _____

Comments: _____

Approved _____ Denied _____

Police Chief _____ Township Clerk _____