



Bound Brook Police Department

226 Hamilton Street
Bound Brook, NJ 08805
Phone: (732) 356-0800 Fax: (732) 563-0320



Richard S. Colombaroni
Acting Chief of Police

Lt. John J. Mazuera
Lt. Jason R. Gianotto

TAXI LICENSE APPLICANTS

Individuals applying for a Taxi Cab Owners License or Operators License will complete the necessary application which can be obtained from Borough Hall. Once complete, the application will be returned to the Borough Clerk's office with the appropriate fee. The applicant will submit three passport style photos and a New Jersey driver's license abstract with the application. The driver's abstract can be obtained from the NJ Motor Vehicle Commission at a walk-in agency location or online at;
www.state.nj.us/mvc/Licenses/driver_history_page.htm.

Once the completed application is filed, the applicant will be contacted by a representative of the police department who is processing the application. The applicant will be scheduled for an interview at which time they will be given a Sagem-Morpho form in order to schedule an appointment to be fingerprinted. A separate fee is charged by Sagem-Morpho for the processing of fingerprints. This fee is the responsibility of the applicant. After the fingerprint response is received, the police department will complete the background check. When the background check is complete, a recommendation will be made to the Borough Council to approve or deny the license.



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TAXI/LIMOUSINE LICENSE APPLICATION

NAME _____ NJ DRIVER'S LICENSE # _____

STREET ADDRESS _____ TOWN _____

HOME PHONE _____ CELL PHONE _____ DOB _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

COMPANY TO BE EMPLOYED BY _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR QUASI-CRIMINAL STATUTE INCLUDING MUNICIPAL ORDINANCES? NO _____ YES _____ IF YES, EXPLAIN INCLUDING DATE, LOCATION AND NATURE OF OFFENSE _____

HAVE YOU BEEN CONVICTED OF ANY TRAFFIC VIOLATION IN THE PAST THREE YEARS? NO _____ YES _____ IF YES, EXPLAIN INCLUDING DATE, LOCATION AND NATURE OF OFFENSE _____

HAVE YOU EVER APPLIED FOR OR BEEN GRANTED A LICENSE TO OPERATE A TAXI? NO _____ YES _____ IF YES, EXPLAIN WHERE AND WHEN _____

HAS YOUR LICENSE TO OPERATE A TAXI EVER BEEN SUSPENDED, REVOKED OR DENIED IN ANY JURISDICTION? NO _____ YES _____ IF YES, EXPLAIN WHERE, WHEN AND THE REASON FOR THE ACTION TAKEN _____

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? NO _____ YES _____
IF YES, EXPLAIN WHERE, WHEN AND THE REASON FOR THE ACTION TAKEN _____

DO YOU HAVE ANY CRIMINAL OR MOTOR VEHICLE OFFENSES PENDING IN ANY STATE? NO _____
YES _____ IF YES, EXPLAIN WHERE, WHEN AND NATURE OF OFFENSE _____

DO YOU HAVE ANY PHYSICAL OR MENTAL HANDICAPS THAT WOULD PREVENT YOU FROM
SAFELY OPERATING A MOTOR VEHICLE? NO _____ YES _____ IF YES, EXPLAIN _____

LIST THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE REFERENCES NOT
RELATED TO THE APPLICANT.

**BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT HE/SHE HAS TRUTHFULLY AND
COMPLETELY PROVIDED ALL REQUIRED INFORMATION. THE APPLICANT FURTHER
UNDERSTANDS THAT IF ANY INFORMATION PROVIDED OR STATEMENT MADE IS FOUND
TO HAVE BEEN MADE WILLFULLY FALSE OR INCOMPLETE, THE APPLICANT MAY BE
SUBJECT TO CRIMINAL PENALTIES IN ADDITION TO THE DENIAL OF THIS
APPLICATION. THE APPLICANT ALSO AUTHORIZES THE BOUND BROOK POLICE
DEPARTMENT TO CONDUCT A THOROUGH BACKGROUND INVESTIGATION.**

APPLICANT SIGNATURE _____ DATE _____

ATTACH PHOTO HERE

SUBMIT THREE COPIES

(EMPLOYMENT RECORD FOR THE PAST FIVE YEARS:

DATES OF EMPLOYMENT: FROM _____ TO _____
NAME OF COMPANY: _____
ADDRESS: _____
CITY: _____ **STATE** _____
POSITION HELD: _____
SUPERVISOR'S NAME: _____ **PHONE** _____

DATES OF EMPLOYMENT: FROM _____ TO _____
NAME OF COMPANY: _____
ADDRESS: _____
CITY: _____ **STATE** _____
POSITION HELD: _____
SUPERVISOR'S NAME: _____ **PHONE** _____

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CITY: _____ **STATE** _____
POSITION HELD: _____
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DATES OF EMPLOYMENT: FROM _____ TO _____
NAME OF COMPANY: _____
ADDRESS: _____
CITY: _____ **STATE** _____
POSITION HELD: _____
SUPERVISOR'S NAME: _____ **PHONE** _____

DATES OF EMPLOYMENT: FROM _____ TO _____
NAME OF COMPANY: _____
ADDRESS: _____
CITY: _____ **STATE** _____
POSITION HELD: _____
SUPERVISOR'S NAME: _____ **PHONE** _____

USE BACK IF ADDITIONAL SPACE IS NEEDED



New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ0180400		(2) Category LOX		(3) Statute Number 13:59-1	
(4) Reason for Fingerprinting LOCAL ORDINANCE			(5) Document Type S1		(6) Payment Information \$40.70
(7) Contributor's Case # (Unique Identifier)				(8) Miscellaneous	
(9) First Name		(10) MI		(11) Last Name	
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)		(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)	
(19) Country of Citizenship					
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		(22) Hair Color		(23) Eye Color	
(24) Race (Select One) <input type="checkbox"/> A Asian/Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White (includes Hispanic/Spanish Origin) <input type="checkbox"/> U Unknown					
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip

Identification Requirement - Acceptable Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is required that you present this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: BOUND BROOK PD		

You MUST retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_V2