

**BOROUGH OF COLLINGSWOOD  
OFFICE OF THE BOROUGH CLERK  
678 HADDON AVE.  
COLLINGSWOOD, NJ 08108**

**TAXI OWNER VEHICLE APPLICATION**

*A completed and signed application must be provided for each vehicle.*

**\$200.00 Single Cab \$25.00 Additional Transfers \$5.00**

Name of Company:	Application Date:
Name of Owner:	
Business Address:	
Business Phone:	Business Fax:
Residence Address:	
Residence Phone:	Cell Phone:

<b>VEHICLE INFORMATION</b>	
Make: _____	Year: _____ Vin# _____
Model: _____	Color: _____ Plate# _____
Address where Vehicle will be Stored when not in use: _____	
Insurance Company: _____	
Policy#: _____	Expiration: _____
Insurance Agent: _____	Phone#: _____
Insurance Agent Address: _____	

*The owner must provide an updated Insurance Certificate a full copy of current vehicle insurance policy, current registration and power of attorney pursuant to Chapter 277 of the Borough Code, entitled Taxicabs*

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

<b>For Office Use Only</b>		
Date Received: _____	Fee Paid: _____	License & Decal#: _____
Issued By: _____		