

License Year 2009

License No. _____

Township of Little Falls
225 Main Street
Little Falls, NJ 07424

**APPLICATION FOR LICENSE UNDER THE PROVISION OF THE REVISED
GENERAL ORDINANCES OF THE TOWNSHIP OF LITTLE FALLS ADOPTED
DECEMBER 20, 2004.**

TO THE TOWNSHIP CLERK:

I, the undersigned, do hereby make application for a license to operate a
TAXI/LIMO DRIVER LICENSE in the Township of Little Falls pursuant to the
above-mentioned ordinance, and attach hereto the required fee in the amount of
\$10.00 per driver.

Social Security # _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone # _____

Date of Birth _____

Age _____ Height _____ Weight _____ Eye Color _____

Sex _____ Hair Color _____

Driver License # _____

Company Name _____

Please attach a photocopy of current Driver's License.

Name & Title of Person
(Please print)

Signature of Applicant

Date

PLEASE NOTE: All Business Licenses in the Township of Little Falls expire on **December 31**.
Licenses are **NOT** transferable.