

**TOWNSHIP OF WARREN
APPLICATION FOR LIMOUSINE LICENSE**

Name of Business (indicate whether trade name, d/b/a, corporation, partnership, limited liability corporation, etc.) _____

Name and Address of Principal Owner(s) of Business and Vehicle(s)

Physical Location and Address of Principal Place of Business:

City _____ State _____ Zip Code _____ Telephone Number _____

Physical Location and address where vehicle(s) are parked:

All Operators of Vehicle(s):

Name _____ Address _____

D/L # _____ (Please attach copy of MVC: Notice of Qualification)

Name _____ Address _____

D/L # _____ (Please attach copy of MVC: Notice of Qualification)

Name _____ Address _____

D/L # _____ (Please attach copy of MVC: Notice of Qualification)

Has all required criminal history background checks and drug testing been performed as required by NJSA 48:16-22.3a and 3b Yes ____ No ____

Insurance Company Name _____

Street Address _____

City, State, Zip Code _____

Telephone and Fax _____

Current Certificate of Insurance Must be Attached

APPLICATION FOR LIMO LICENSE

page 2

Description of Vehicle(s)

Make _____ Model _____ Year _____ Color _____

Vin# _____ Plate# _____

Make _____ Model _____ Year _____ Color _____

Vin# _____ Plate# _____

Insurance Information

Amount of Insurance _____ Policy # _____ Expiration _____

Certificate of Insurance Filed _____ Date _____

I, _____, certify that all of the information provided above is accurate and factual.

Date _____

Signature of Applicant

Fee: \$50/per vehicle

Paid _____

Print Name