

# TOWNSHIP OF DENVILLE

1 St. Mary's Place  
Morris County  
Denville, NJ 07834

## APPLICATION FOR LIMOUSINE

New Application

Renewal Application

All limousine licenses shall be valid from the day of issuance and shall expire on the last day of FEBRUARY thereafter.

Any individual wishing to drive a limousine must present a valid copy of a New Jersey "LIMOUSINE DRIVER/RENTAL CAR CHAUFFEUR QUALIFICATION CERTIFICATE". This certificate may be obtained through the N.J. Motor Vehicle Commission.

All questions must be answered fully and truthfully or the application will not be processed.

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

The undersigned hereby applies to the Township Clerk for a license to operate a limousine as described below within the Township of Denville.

Check appropriate Box:

**Sole Proprietorship:** The following question must be answered:  
Are you a citizen of the United States? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Co-Partnership:** The following questions must be answered:

Company Name: \_\_\_\_\_

Office location: \_\_\_\_\_

Partner(s) Name(s): \_\_\_\_\_ Partner(s) Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Corporation:** The following questions must be answered:

Name of Corporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Office Location: \_\_\_\_\_

Address where vehicle(s) will be kept: \_\_\_\_\_

Please check website: [www.denvillenj.org](http://www.denvillenj.org) for information regarding our taxi/limo regulations.

Vehicle(s) must meet minimum insurance coverage standards set by the Township ordinance.

1. Name of Insurance Company and Code: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Policy Number: \_\_\_\_\_
4. Attach a copy of the Certificate of Liability Insurance naming the Township of Denville as Certificate Holder.

Vehicle Information:     Cab                       Limousine

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

VIN #: \_\_\_\_\_ # of passengers: \_\_\_\_\_

Are you the owner or lessee of said vehicle? Owner: \_\_\_\_\_ Lessee: \_\_\_\_\_

Are you a member of any cooperative or operating association? \_\_\_\_\_

If yes, name the association: \_\_\_\_\_

STATE OF NEW JERSEY}

SS:

COUNTY OF            }

\_\_\_\_\_ being duly sworn, deposed and says that \_\_\_\_\_

is the individual making the foregoing application for a limousine license; that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief and, that he/she will report in writing to the office of the Municipal Clerk any change in address that may occur while this license remains in force and, that he/she will not permit the operation of said limousine(s) except by a duly licensed limousine driver and, he/she signed the foregoing application for and on behalf of the said

\_\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

For: \_\_\_\_\_

Address: \_\_\_\_\_

Sworn and Subscribed to before  
me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_