

TOWNSHIP OF BLOOMFIELD
2019 LIMOUSINE OWNER & LIVERY LICENSE APPLICATION

License Fee: \$150.00 for Each Vehicle Date Filed: _____

Total Amount Paid: _____

Applicant's Name: _____ Telephone No.: _____

Home Address: _____

Company Name:*** _____ Telephone No.: _____

Company Address: _____

***NOTE: If company is sole proprietorship, the name of company should be the sole proprietor's name.

Fifteen (15) Digit Corporation Code Issued by Division of Motor Vehicles:

NOTE: NO LICENSE WILL BE PROCESSED WITHOUT THE DMV 15 DIGIT CORPORATE CODE!

Proof of Business Address: NJ D/L TAX BILL LEASE AGREEMENT OTHER

Applicant's NJ D/L: _____(Insert Driver's License No. and Attach a Copy hereto)

Address where vehicle(s) will be garaged if other than above: _____

Please answer the following questions. Providing false information will result in the AUTOMATIC DENIAL of Application:

- Has Applicant ever been convicted of a crime? Circle One - YES or NO.
- Has Applicant ever been convicted twice of being a disorderly person? Circle One YES or NO
- Has Applicant ever been convicted of two motor vehicle moving violations? Circle One YES or NO
- Does Applicant have any outstanding unsatisfied judgments arising out of a motor vehicle accident? Circle One YES or NO

If you have answered "Yes" to any of the above, please provide details: _____

FOR EACH VEHICLE. PLEASE COMPLETE THE FOLLOWING:

VEHICLE NO. 1: ·

Vehicle Make: _____ Year: _____ Model: _____ Passenger Capacity: _____

VIN No.: _____ License Plate No.: _____ Length of Time in Use: _____

Name and Address of Insurance Carrier: _____

Policy No.: _____ Expiration Date: _____ Amount of Coverage: _____

ENTIRE ORIGINAL POLICY MUST BE ATTACHED TO THE APPLICATION

SEE PAGE TWO FOR ADDITIONAL VEHICLES

VEHICLE NO.2:

Vehicle Make: _____ Year: _____ Model: _____ Passenger Capacity: _____

VIN No.: _____ License Plate No.: _____ Length of Time in Use: _____

Name and Address of Insurance Carrier: _____

Policy No.: _____ Expiration **Date:** _____ Amount of Coverage: _____

ENTIRE ORIGINAL POLICY MUST BE ATTACHED TO THE APPLICATION

VEHICLE NO.3:

Vehicle Make: _____ Year: _____ Model: _____ Passenger Capacity: _____

VIN No.: _____ License Plate No.: _____ Length of Time in Use: _____

Name and Address of Insurance Carrier: _____

Policy No.: _____ Expiration Date: _____ Amount of Coverage: _____

ENTIRE ORIGINAL POLICY MUST BE ATTACHED TO THE APPLICATION

VEHICLE NO. 4:

Vehicle Make: _____ Year: _____ Model: _____ Passenger Capacity: _____

VIN No.: _____ License Plate No.: _____ Length of Time in Use: _____

Name and Address of Insurance Carrier: _____

Policy No.: _____ Expiration Date: _____ Amount of Coverage: _____

ENTIRE ORIGINAL POLICY MUST BE ATTACHED TO THE APPLICATION

State of New Jersey

: ss.:

County of _____

_____, being duly sworn according to law, deposes and says

(Applicant's Name)

that he/she is the individual making the foregoing Application for a Limousine & Livery License; that the answers to the foregoing questions and other statements contained thereon and made by me and are true to my own knowledge and belief.

Applicant's Signature

Sworn to and Subscribed to before me, this _____ day of _____, 201__

A Notary Public of the State of New Jersey

AFFIX SEAL HERE

DO NOT WRITE BELOW THIS LINE

Approved: Tax Collector: _____

**POWER OF ATTORNEY FOR
INITIAL LIMOUSINE REGISTRATION PURSUANT
TO §526.18 et. seq OF TRE BLOOMFIELD TOWNSHIP CODE**

State of New Jersey

: ss.:

County of _____

I, _____ (Insert Name of Applicant) hereby appoint Robert Renna, Director of Finance for the Township of Bloomfield, my true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served upon the insured by virtue of the indemnity granted under the insurance policy filed.

VEHICLE INFORMATION:

MAKE: _____ YEAR: _____ VINNUMBER: _____

VEHICLE INFORMATION:

MAKE: _____ YEAR: _____

VINNUMBER: _____

VEHICLE INFORMATION:

MAKE: _____ YEAR: _____

VINNUMBER: _____

VEHICLE INFORMATION:

MAKE: _____ YEAR: _____

VINNUMBER: _____

VEHICLE INFORMATION:

MAKE: _____ YEAR: _____ VINNUMBER: _____

Applicant's Signature

Sworn to and Subscribed to before me, this _____ day of _____, 201

A Notary Public of the State of New Jersey
AFFIX SEAL HERE

. DIRECTIONS FOR APPLICANT STATE POLICE CHECK LOCAL ORDINANCE ONLY

CONTACT THE WEBSITE: <https://www.njportal.com/njsp/criminalrecords/>

CORRECT ORI NUMBER FOR BLOOMFIELD: NJ0070200 .

CLICK ON THE ON LINE FORM 212A-A HIGHLIGHTED BLOCK LOCATED ON THE LOWER LEFT SIDE OF THE PAGE.

FOLLOW THE PROMPTS FOR THE DEMOGRAPHIC AND PAYMENT INFORMATION:

LOCAL ORDINANCE NUMBERS ARE AS FOLLOWS:

TAXI DRIVER	T.O. 526-6
LIMO DRIVER	T.O. 526-20
CANVASSING	T.O. 408-2
HAWKERS/PEDDLERS	T.O. 408-10

CONTINUE TO COMPLETE THE FORM AS REQUIRED BY THE STATE POLICE AS INSTRUCTED. ONCE THE FORM IS COMPLETED CORRECTLY, CHECK THE AGREEMENT BOX AND YOU WILL THEN HAVE AN OPPORTUNITY TO REVIEW AND MAKE ANY CHANGES BEFORE MOVING ONTO THE PAYMENT SCREEN.

THE FEE FOR THIS POLICE CHECK WILL BE \$20.00-PAYABLE BY CREDIT CARD-OR ELECTRONIC CHECK. ONCE YOUR PAYMENT IS VERIFIED, YOU WILL RECEIVE A CONFIRMATION RECEIPT WHICH WILL INCLUDE A CONFIRMATION NUMBER. THE REQUEST WILL THEN BE FORWARDED TO OUR TOWNSHIP ACCOUNT.

PLEASE PROVIDE COPY OF CONFIRMATION WHEN YOU SUBMIT YOUR APPLICATION TO THE RECORD BUREAU.

MORE DETAILED INFORMATION CAN BE OBTAINED BY CLICKING ON THE **HELP TAB** WHICH IS LOCATED ON THE TOP RIGHT SIDE OF THE PAGE.

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State of New Jersey
Office of Forensic Science

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

What is the purpose of this form?

Form 212A is used exclusively for the purpose of local Police Department and State Agencies, to obtain background information for the purposes of employment, licensing and local ordinances.

How do I find out the local licensing authority for my application?

Will I receive the Criminal History Record Information requested?

What is an ORI Number and why is it important?

Request for a Criminal History Record Information for a Noncriminal Justice Purposes-

Service Information

Requests for a Criminal History Record Information (CHRI), for NonCriminal Justice purposes can be submitted here.

The online 212A Form should be used only after consultation with your local Police Department or the State Agency that is responsible for the type of licensing needed. You must first obtain an Originating Agency Identifier (ORI) Number from the licensing department to complete *this* form. Incorrect *ORI* Number may result in non-processing of your form.

1

Each submission costs \$20.00, payable by Visa, Mastercard, Discover, or American Express credit or debit card.

This form can't be used for a personal background check.

Request for a Criminal History Record Information for a Noncriminal Justice Purposes

Request for a Criminal History Record Information for a Non-criminal Justice Purposes

Complete *All* Required Fields [*]

ORI Information:

ORI Number is the identifier for the local licensing authority for the jurisdiction of your resident address. *ORI* Number is essential for processing of *this* form.

ORI NUMBER *

NJ 0070205