

License Fee: \$150.00 For each vehicle
Paid: _____
Year: _____

**TOWNSHIP OF BLOOMFIELD
APPLICATION FOR A LIMOUSINE & LIVERY LICENSE**

COMPANY NAME: _____
(If company is sole proprietor, then name of company should be the sole proprietor's name)

ADDRESS _____ PHONE _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

NJ DL# OF APPLICANT _____ (ATTACH A COPY)

Address where vehicle will be garaged if other than above.

_____ Zone _____

Veh. Make _____ Year _____ Model _____ Serial # _____

Passenger Capacity _____ Length of time in use _____

Name of insurance carrier _____

Address _____

Policy # _____ Amount of Coverage _____

Expiration Date _____
(Original policy must accompany this application)

Has applicant ever been convicted of a crime or has been convicted twice of being a disorderly person or of two motor vehicle moving violations? Yes _____ No _____
If Yes, give details. _____

Does the applicant have any outstanding unsatisfied judgments arising out of a motor vehicle accident?

Yes _____ No _____
If Yes, explain. _____

Proof supplied verifying place of business

1. NJ DL _____ 2. Tax Bill _____ 3. Lease _____ 4. Other _____

(SEE BACK FOR ADDITIONAL CARS)

Veh. Make _____ Year _____ Model _____ Serial # _____

Passenger Capacity _____ Length of time in use _____

Name of insurance carrier _____

Address _____

Policy # _____ Amount of Coverage _____

Expiration Date _____

(Original policy must accompany this application)

Veh. Make _____ Year _____ Model _____ Serial # _____
Passenger Capacity _____ Length of time in use _____
Name of insurance carrier _____
Address _____
Policy # _____ Amount of Coverage _____
Expiration Date _____
(Original policy must accompany this application)

Veh. Make _____ Year _____ Model _____ Serial # _____
Passenger Capacity _____ Length of time in use _____
Name of insurance carrier _____
Address _____
Policy # _____ Amount of Coverage _____
Expiration Date _____
(Original policy must accompany this application)

Veh. Make _____ Year _____ Model _____ Serial # _____
Passenger Capacity _____ Length of time in use _____
Name of insurance carrier _____
Address _____
Policy # _____ Amount of Coverage _____
Expiration Date _____
(Original policy must accompany this application)

Veh. Make _____ Year _____ Model _____ Serial # _____
Passenger Capacity _____ Length of time in use _____
Name of insurance carrier _____
Address _____
Policy # _____ Amount of Coverage _____
Expiration Date _____
(Original policy must accompany this application)

_____ being duly sworn, deposes and says 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 therein are true to my own knowledge AND belief. Sworn to before me,

Signed _____
this _____ day of _____ Res. Address _____
_____, 20____ Business Address _____

Notary _____

Approved: _____ Tax Collector _____

Date: _____

**POWER OF ATTORNEY
FOR INITIAL LIMOUSINE REGISTRATION
(CODE 14)**

I, _____ **HEREBY APPOINT THE**
[DIRECTOR OF FINANCE, ROBERT RENNA] DIRECTOR OF THE DIVISION
OF MOTOR VEHICLES MY TRUE AND LAWFUL ATTORNEY FOR THE
ACCEPTANCE OF SERVICE OF PROCESS.

VEHICLE INFORMATION:

MAKE: _____ **YEAR:** _____

VIN: _____

MAKE: _____ **YEAR:** _____

VIN: _____

MAKE: _____ **YEAR:** _____

VIN: _____

MAKE: _____ **YEAR:** _____

VIN: _____

MAKE: _____ **YEAR:** _____

VIN: _____

MAKE: _____ **YEAR:** _____

VIN: _____

MAKE: _____ **YEAR:** _____

VIN: _____

(NOTORIZATION)

SIGNATURE