TOWNSHIP OF DENVILLE MORRIS COUNTY, N.J. OFFICE OF THE TOWNSHIP CLERK

<u>APPLICATION FOR TAXICAB OR LIMOUSINE</u>

All taxicab and limousine licenses shall take effect on the day of issuance and shall expire on the last day of FEBRUARY thereafter.

Any individual wishing to drive a taxicab or 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 que	estions must be answered fully and truthfully or the application will not be processed	d.
DATE:	:PHONE #:	
ADDR	ESS:	
	ndersigned hereby applies to the Township Clerk for a license to operate a sine company as described below within the Township of Denville.	taxicab or
If an II	NDIVIDUAL, the following questions must be answered: Are you a citizen of the United States? Date of Birth:	
If a <u>CC</u>	D-PARTNERSHIP, the following questions must be answered: Company Name:	
	Office location: Partner(s) Name(s): Partner(s) Address(es): 1	
	2	
	3	
If a CC	ORPORATION, the following questions must be answered:	
	Name of Corporation:	
	Office Location:	
	Incorporated in what State?	

Please check website: www.denvillenj.org for Ordinance #18-12 for information regarding our taxi/limo regulations.

2.	Vehicle must meet minir ordinance. a. Name of Insurance C				•		•	
	b. Address:							
	c. Policy Number:							
	d. Attach a copy of the N.J. insurance identification card to this application.							
3.	Type of vehicle to be licensed:							
	Cab or Limousine:		_ Colo	or:				
	Make:		_ Yea	r:				
	VIN #:		_ # of	passengers	3:			
4.	Are you the owner or lessee	of said vehicle?	Owner:	Less	see:			
5.	Are you a member of any cooperative or operating association?							
	If yes, name the association:							
	STATE OF NEW JERSEY)							
	COUNTY OF) ss:							
	being duly sworn, deposed and says that							
contair to the remain except	o or limousine license; that ned therein are true of his/her office of the Township Cle is in force and, that he/she by a duly licensed taxicab of on behalf of the said	own knowledge a rk any change in will not permit the or limousine drive	ne foregoing and belief and address e operation and, he/s	ng question and, that he that may n of said ta he signed t	es and o eshe will occur whaxicab(s)	ther s report nile the or lir	statements rt in writing nis license nousine(s	
		Signature:						
		Address:						
		For:						
		Address:						
	to before me this	Notary			7rd #10	10/44	1 15	

1. Address where vehicle will be kept: