

**TOWNSHIP OF LONG HILL
2016 LIMOUSINE LICENSE APPLICATION**

Business Information:

Name of Business: _____

Name of Owner: _____

Business Address: _____

Business Phone Number: _____ Unlisted?: Y/N

Business Fax Number: _____

Business E-Mail Address: _____

Home Address of Owner: _____

Home Phone Number of Owner: _____ Unlisted?: Y/N

Applicant Information:

Name of Applicant: _____

Home Address of Applicant: _____

Phone Number of Applicant: _____ Unlisted?: Y/N

E-Mail Address for Applicant: _____

Description of Vehicles:

Make: _____ Model: _____ Year: _____ Color: _____

VIN: _____ Plate #: _____

Insurance Company: _____ Policy #: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____ Fax Number: _____

Vehicle Owner's Name: _____

Vehicle Owner's Address: _____

Home Phone Number: _____ Unlisted?: Y/N

Driver Information:

Name: _____

Home Address: _____

Home Phone Number: _____ Unlisted?: Y/N

Driver's License Number: _____ State: _____

Expiration Date: _____ Date of Birth: _____

Social Security Number: _____

Have your license and/or registration privileges ever been suspended in this state or any other state? Yes _____ No _____

Acknowledgement:

I, _____, do hereby attest to the accuracy of the information provided above and certify that I will comply with all State and local laws with respect to the operation of the above business in the Township of Long Hill and that the Township may revoke its approval of my license for any misinformation or infraction of State and local laws pertaining thereto.

Signature of Applicant Date

Sworn to and subscribed before me
This _____ day of _____, 201__

Notary of the State of New Jersey

Please provide the following for EACH vehicle:

1. Certificate of Insurance, showing proof of current \$1.5 million liability insurance coverage, Vehicle Identification Number and naming the Township of Long Hill as an additional insured, valid through the current calendar year, for EACH vehicle.
2. Provide full copy of current vehicle insurance card for EACH vehicle.
3. Copy of current vehicle registration and insurance card.
4. Fee of \$50.00 per vehicle.
5. Driver's License.

FOR OFFICE USE ONLY

Date Received _____ Fee Paid _____ Check # _____ License # _____ Date Issued _____
Certificate of Insurance Valid through _____
Vehicle Insurance Card _____ Vehicle Registration _____ Power of Attorney filed _____
Zoning Officer's review of business location: Approved _____ Not Approved _____

Signature Date