LIMOUSINE LICENSE APPLICATION October 1st – September 30th

Business: + Each Vehicle:	\$50.00 \$10.00				
Name of Business:					
Address of Business: _	****				
Telephone # of Busine	ss:				
State Corp Code:		<u></u>			
Check one:	Individual 🗆 🕆	Partnership 🗆	Corporation 🗆		
Individual: Name of Owner:		- 4			
Residential Address: _	#:				
Partnership: Names, Addresses and Telephone #s of All Partners (provide 2 nd sheet if necessary):					
Address: Telephone #:					
Insurance:					
Policy Number:		<u></u>			
Vehicle Information:					
YEAR MAKE	MODEL VIN #		# of PASSENGERS		
			Mine		

SEE REVERSE

Address where	vehicles will be parked/st	ored:	
Drivers:			
NAME	ADDRESS	TELEPHONE #	DRIVER'S LICENSE #
Date:	· · · · · · · · · · · · · · · · · · ·	Print Name:_	
		Signature:	
Zoning Copy of Quali	All Driver's NJ Commercia ification from the Chief Ac certificate of Insurance in	lministrator of the NJMC.	e located outside of Brick). ssenger Endorsement or Certificate O (listing all vehicles and drivers).
Registra	otain FULL License: ation Card for each vehicle erwork listed for TEMP lice		

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