



TOWNSHIP OF ROCKAWAY
OFFICE OF TOWNSHIP CLERK

LIMOUSINE LICENSE APPLICATION

This application must be filled out completely and submitted to the Rockaway Township Clerk's Office in Duplicate. All limousine licenses shall expire annually on March 31 of the year of issuance. Any changes in the information provided in the application must be provided to the Township Clerk within 72 hours of said change.

Name of Limousine Company _____

Address of Limousine Company _____

Phone Number of Limousine Company _____

Name of Owner of Limousine Company _____

Home Address of Owner of Limousine Company _____

Home Phone Number of Owner of Limousine Company _____

Cell Number of Owner of Limousine Company _____

CORP CODE of Limousine Company _____

Name and Home Address of all Persons having an Ownership Interest in the Limousine Company

1. _____

2. _____

Do you own a limousine registered in another state? Yes ___ No ___
(if yes, you must file for a Foreign Limousine – please see Township Clerk for Details)

Do you provide intra-municipal service on a point-to-point basis? Yes ___ No ___
(if yes, you must file for an Intra-Municipal Service license – please see Township Clerk for details)

List of Vehicles owned by Limousine Company:

1. _____
Make, Model, Year and Vehicle Identification Number INDICATE # OF PASSENGERS
2. _____
Make, Model, Year and Vehicle Identification Number INDICATE # OF PASSENGERS
3. _____
Make, Model, Year and Vehicle Identification Number INDICATE # OF PASSENGERS
4. _____
Make, Model, Year and Vehicle Identification Number INDICATE # OF PASSENGERS
5. _____
Make, Model, Year and Vehicle Identification Number INDICATE # OF PASSENGERS

If more space is needed, please attach an additional page

Have you or another other owner ever been convicted of a crime, misdemeanor or violation of any municipal ordinance? Yes_____ No_____

If Yes, provide the following information:

Nature of Offense _____

Punishment or Penalty _____

Attach a copy of the "Qualification Certification" issued by the State of New Jersey approved fingerprinting agency.

Attach a full copy of the Company's Automobile Liability Insurance Policy. No ACCORD certificates will be accepted.

Attach proof that the vehicle(s) you are applying for has/have been inspected when due by a state-authorized inspection facility and that said vehicle has passed all required inspections.

Attach the original Power of Attorney pursuant to N.J.S.A. 48:16-5.

If, the principal place of business is within Rockaway Township, attach a copy of the Rockaway Township Zoning Officer's approval confirming compliance with zoning ordinances.

Submit the \$50.00 Non-refundable application fee with either a check made payable to Rockaway Township or cash.

Submit the \$10.00 (Non-refundable) verification fee for every limousine license you are applying for.

I certify that the foregoing responses provided are true and all of the documents provided are genuine. I am aware that if any of the foregoing information provided is willfully false, I am subject to punishment.

Signature of Applicant

Date

Print Name of Applicant

By signing this application, the applicant grants permission for the Rockaway Township Police Department to conduct an investigation in accordance with considerations set forth in Ordinance O-13-15 adopted May 28, 2013

Signature of Applicant

Date

Print Name of Applicant

CHECK LIST AND APPROVAL FOR TOWNSHIP USE ONLY

A copy of an insurance policy

received
(to be completed by Clerk)

Power of Attorney

received
(to be completed by Clerk)

Approval by Zoning Officer

received
(to be completed by Clerk)

“Qualification Certification” issued by the
State of New Jersey approved fingerprinting agency

received
(to be completed by Clerk)

Approval by Zoning Officer

received
(to be completed by Clerk)

Proof that the vehicle has been inspected

received
(to be completed by Clerk)

Current Vehicle Registration

received
(to be completed by Clerk)

\$50 fee non-refundable

received
(to be completed by Clerk)

\$25 fee for duplicate license, when applicable.

received
(to be completed by Clerk)

\$10.00 per Vehicle for Verification Fee

received
(to be completed by Clerk)

POLICE DEPARTMENT – TOWNSHIP OF ROCKAWAY

This is to certify that the Township of Rockaway Police Department has conducted an investigation in accordance with considerations set forth in Ordinance O-13-15 adopted May 28, 2013.

Signature

Date

TOWNSHIP CLERK'S USE

Clerk's date of Issue _____

License # _____

POWER OF ATTORNEY

That the undersigned, _____ For the purpose of complying with the laws of New Jersey relating to Registration of Taxi Cabs/Limousine vehicles in said state hereby; irrevocably appoints _____, Chief Fiscal Officer of the Township of Rockaway and his/her successor in such office, its true and lawful attorney for the purpose of acknowledging service of any process out of court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy or bond filed with the Township of Rockaway, in conjunction with such registration in accordance with N.J.S.A. 48:16-14.

It is requested that a copy of any notice, process or pleading served, thereunder be mailed to:

Name: _____ Date: _____

Company: _____ Year: _____

Address: _____ Make: _____

_____ VIN #: _____

Signature: _____

(Vehicle information is requested to attach Power of Attorney to each application for licensing.)

CORPORATE ACKNOWLEDGEMENT

State of New Jersey
County of Morris

On this _____ day of _____ 20____,

Before me personally appeared _____, who I am satisfied _____ the person named in the above corporation and that _____ as such Officer being authorized to execute the foregoing instrument for the purpose herein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunder set my hand the official seal.

NOTARY PUBLIC

My Commission Expires _____/_____/_____

