

TOWNSHIP OF FREEHOLD
Limousine Service License Application

1. NAME OF LIMOUSINE SERVICE: _____ DATE _____
2. BUSINESS ADDRESS _____
3. CITY, STATE, ZIP CODE _____ PHONE: _____
4. EMAIL _____
5. APPLICANT IS (Check one): () SOLE PROPRIETOR () PARTNERSHIP () CORPORATION
6. LIST THE NAMES, ADDRESSES, DRIVER'S LICENSE NUMBERS, SOCIAL SECURITY NUMBERS AND PERCENTAGE OF OWNERSHIP OF ALL PARTNERS, STOCKHOLDERS, OFFICERS AND DIRECTORS (Use additional pages, if necessary) _____

7. Has any applicant, partner, stockholder, officer or director been convicted of a crime? (Check One) YES () NO () If "YES", give name of person _____

8. List the location or locations at which limousines will be parked overnight. If the applicant does not own the property, a letter of consent from the owner must be attached. (NOTE): FREEHOLD TOWNSHIP LAND USE PROHIBIT THE OVERNIGHT PARKING OF COMMERCIAL VEHICLES IN A RESIDENTIAL ZONE): I own ___ I do not own _____

9. List phone numbers the public will use to summon a limousine: _____
9. List the make, model, year, color and NJDMV License Plate Number of each vehicle covered by this application: _____

Attach a copy of an insurance policy issued by an insurance company duly licensed to transact business under the laws of the State of New Jersey conditioned for the payment of not less than \$10,000.00 to satisfy all claims for damages, by reason of bodily injury to, or the death of any one person, resulting from an accident, and not less than \$65,000.00 to satisfy all claims for damages, by reason of bodily injuries to, or death of, all persons on account of any accident by reason of the ownership, operation, maintenance or use of the limousines upon any public street; and conditioned for the payment of not less than \$10,000.00 to satisfy all claims for damages to property of all persons resulting from an accident by reason of the ownership, operation, maintenance or use of limousines upon a public street.

Submit application fee of \$56.00 along with this fully completed application to the Office of the Township Clerk. I CERTIFY THAT ALL THE FOREGOING INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT ACCORDING TO LAW AND REVOCATION OF ALL LICENSES ISSUED BY THE TOWNSHIP OF FREEHOLD.

FURTHER, I CONSENT TO AND APPROVE OF ANY AND ALL INVESTIGATIONS INTO MY BACKGROUND, AND THE BACKGROUND OF ALL PARTIES LISTED HEREIN, DEEMED NECESSARY FOR THE PROTECTION OF THE CITIZENS OF THIS TOWNSHIP AND TO ESTABLISH THE INTEGRITY OF THE PERSONS LISTED HEREIN.

DATE _____	SIGNATURE OF APPLICANT _____	TITLE _____
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NOTE: This application must be verified by oath or affirmation by all owners, partners, officers, directors and stockholders holding more than 10% of stock ownership.

FEE PAID: \$ _____