

TOWNSHIP OF MONTVILLE
195 Changebridge Road, Montville, NJ 07045
Phone 973-331-3300 Fax 973-402-0787 www.montvillenj.org

PROCEDURE FOR APPLYING FOR A LIMOUSINE LICENSE

Complete and have **notarized** the attached application form and submit it to the Township Clerk's Office with the appropriate fee payable by cash or check to the Township of Montville. **FEES ARE NOT REFUNDABLE.** Review Chapter 342, Taxicabs and Limousines, of the Township Code. Please make certain all items are completed on the application form. If anything is not applicable, specify with "N/A."

Submit **ORIGINAL (NOT A FAXED COPY) Certificate of Insurance** with the VIN number(s) and general description of vehicle(s) being licensed. **Make certain the "Certificate Holder" is listed as Township of Montville.** Only after approval of the insurance coverage by the Township Attorney will a license be issued.

Submit the following with the application – **All business documents must reflect your Montville Township Business Address in order to be approved a license from Montville Township. ALL DOCUMENTS MUST BE SUBMITTED EACH YEAR:**

- o **Copy of valid New Jersey Driver's License for all applicants and drivers**
- o **Letter of Qualification from DMV for all applicants and drivers**
- o **Copy of Corp Code Certificate issued by DMV**
- o **Copy of Zoning Permit from the Municipality where the vehicles are parked and letters from property owners/landlords if applicable**
- o **Copy of Lease/Deed for business location**
- o **Copy of Certificate of Incorporation or Formation of LLC, if applicable**
- o **Copy of Certificate of Filing of Trade Name with Secretary of State or County Clerk**
- o **Schedule of Fares**
- o **Copy of the Power of Attorney letter executed and delivered to the NJ Motor Vehicle Commission by the applicant**
- o **NJ Sales Tax Certificate of Authority**
- o **Original Insurance certificate as per above**
- o **Copy of current DMV registrations for each vehicle being licensed**

Upon obtaining the new registration(s) from the DMV, applicant MUST immediately provide a copy to the Township. Failure to do so will be reported to the Police Department.

In addition to the requirement of the DMV Letter of Qualification, the Montville Township Police Department may require the applicants and/or drivers/employees to submit to additional background checks at their discretion.

Owners shall execute and deliver to the MVC a **power of attorney** wherein and whereby the owner shall authorize the Chief Administrator his true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy filed. Copy submitted to the MVC must also be filed with the Township.

All Limousine Business licenses expire December 31st and must be renewed by January 15th of the following year. The renewal process for the new year usually commences during the month of November of the preceding year.

TOWNSHIP OF MONTVILLE
195 CHANGEBRIDGE ROAD, MONTVILLE, NJ 07045
PHONE 973-331-3300 FAX 973-402-0787

LIMOUSINE BUSINESS LICENSE APPLICATION

YEAR: _____

LICENSING FEE: \$50 Plus \$10 per Vehicle FEE NOT REFUNDABLE

FOR MUNICIPAL USE ONLY

DATE FILED: _____ NEW ☐ RENEWAL ☐
AMOUNT PAID: _____ CASH ☐ CHECK NO. _____
APPLICATION NO. _____ TOWNSHIP COMMITTEE APPROVAL DATE: _____
LICENSE NO. _____
DATE ISSUED _____

Insurance approved by Township Attorney _____
Copy of Lease/Deed for business location _____ ALL DOCUMENTS MUST BE
Zoning approval for parking location _____ SUBMITTED EACH YEAR!
Certificate of Incorporation/Formation of LLC and certificate of trade name filing, if applicable _____
Copies of driver's licenses and vehicle registrations _____
NJ Sales Tax Certificate of Authority _____
Copy of DMV Corp Code _____
Driver/owner DMV letters of qualification _____ Page 6 – Employee list – must be filled out _____

**INSTRUCTIONS: COMPLETE ALL ITEMS – INFORMATION MUST BE PRINTED –
IF NOT APPLICABLE, SPECIFY WITH "N/A"**

1. Business Name (Corporation, LLC, Partnership, or Sole/Individual Owner) under which
business is to be conducted, if applicable:

Trading As/Trade Name: _____

Principal place of business (street, town, zip code): _____

Do you own or lease the business property? _____ Business telephone #: _____

Contact person's name: _____ e-mail address: _____

Vehicle parking location for ALL vehicles (street, town, zip code): _____

Do you own or lease the vehicle parking property? _____

2. This application is made on behalf of (check one):

☐ corporation ☐ limited liability company ☐ sole owner ☐ partnership

Based on ITEM #2 above - complete the following appropriate section: **Submit copies of driver's licenses**

➤ **Name of sole (individual) owner:** _____
Residence: _____
Number of years at present address: _____
If less than 5 years at present address, indicate former address, include zip code: _____
Date of Birth: _____ Soc. Security No.: _____
Telephone number: _____ check if unlisted number () _____

If you will be driving a licensed vehicle, provide the following additional information:
Do you have a valid N.J. Driver's License with your current address? Yes ___ No ___
Driver's License No.: _____
Date Driver's License Expires: _____

➤ **Partners:**
Name: _____
Residence: _____
Number of years at present address: _____
If less than 5 years at present address, indicate former address, include zip code: _____
Date of Birth: _____ Soc. Security No.: _____
Telephone number: _____ check if unlisted number () _____

If you will be driving a licensed vehicle, provide the following additional information:
Do you have a valid N.J. Driver's License with your current address? Yes ___ No ___
Driver's License No.: _____
Date Driver's License Expires: _____

Name: _____
Residence: _____
Number of years at present address: _____
If less than 5 years at present address, indicate former address, include zip code: _____
Date of Birth: _____ Soc. Security No.: _____
Telephone number: _____ check if unlisted number () _____

If you will be driving a licensed vehicle, provide the following additional information:
Do you have a valid N.J. Driver's License with your current address? Yes ___ No ___
Driver's License No.: _____
Date Driver's License Expires: _____

(Attach additional sheets if more than 2 partners)

➤ **Corporate name:** _____
or **Limited Liability Company:** _____

List all officers, directors, and stockholders holding more than 10% of the stock of the corporation or all members or partners of the limited liability company

Name: _____

Residence: _____

Number of years at present address: _____

If less than 5 years at present address, indicate former address, include zip code:

Date of Birth: _____ **Soc. Security No.:** _____

Telephone number: _____ check if unlisted number ()

% of business owned or controlled: _____ **Number of shares:** _____

Check position(s) that apply: ☐ Stockholder ☐ President ☐ Vice-President

☐ Secretary ☐ Treasurer ☐ Director ☐ Other (specify) _____

If you will be driving a licensed vehicle, provide the following additional information:

Do you have a valid N.J. Driver's License with your current address? Yes ___ No ___

Driver's License No.: _____

Date Driver's License Expires: _____

Name: _____

Residence: _____

Number of years at present address: _____

If less than 5 years at present address, indicate former address, include zip code:

Date of Birth: _____ **Soc. Security No.:** _____

Telephone number: _____ check if unlisted number ()

% of business owned or controlled: _____ **Number of shares:** _____

Check position(s) that apply: ☐ Stockholder ☐ President ☐ Vice-President

☐ Secretary ☐ Treasurer ☐ Director ☐ Other (specify) _____

If you will be driving a licensed vehicle, provide the following additional information:

Do you have a valid N.J. Driver's License with your current address? Yes ___ No ___

Driver's License No.: _____

Date Driver's License Expires: _____

(Attach additional sheets, if necessary)

Attach copies of driver's licenses

NAME AND ADDRESS OF REGISTERED AGENT: _____

3. List all other municipalities in which business entity has held a taxicab and/or limousine license in the past three years:

4. Liability insurance

Name of insurance company: _____

Policy no. : _____

Name and address of agent: _____

Telephone No. of agent: _____

Exact dates of policy coverage: From _____ To _____

Amount of insurance: _____

****Submit original insurance certificate****

5. Vehicles to be licensed: ****Submit copies of current registrations****

- Year, make and model of vehicle to be licensed: _____

Serial number (vin #): _____

NJ motor vehicle license plate no.: _____

Seating capacity (factory rating): _____

Is vehicle currently registered and inspected by the State of New Jersey?

Yes _____ No _____

- Year, make and model of vehicle to be licensed: _____

Serial number (vin #): _____

NJ motor vehicle license plate no.: _____

Seating capacity (factory rating): _____

Is vehicle currently registered and inspected by the State of New Jersey?

Yes _____ No _____

To license additional vehicles in connection with this application, please complete page 5. Photocopy additional pages if needed. To add vehicles after this application has been approved and license(s) have been issued, please complete the "Additional Vehicle Form" (page 5) and submit with the appropriate fee and documentation.

Upon my oath or affirmation, I certify that all information provided in this application is true. I further certify that I am familiar with Chapter 342, Taxicabs and Limousines, of the Montville Township Code.

Sworn and Subscribed to Before Me
This _____ Day of _____, 20____.

*Signature: _____

Print Name: _____

Notary Public of New Jersey

Title: _____

Commission Expires: _____

***If corporation, President or Vice-President of Corporation must sign.**

***If partnership, each partner must sign an oath or affirmation.**

***If LLC, Managing Member must sign.**

FEE NOT REFUNDABLE

ADDITIONAL VEHICLE FORM YEAR: _____ TODAY'S DATE: _____

NAME OF BUSINESS AND TRADE NAME, IF APPLICABLE: _____

Name of person submitting application: _____ Title: _____

Business address – street, town, zip code: _____

Telephone #: _____ Signature: _____

****SUBMIT COPIES OF CURRENT VEHICLE REGISTRATIONS** FOR NEW VEHICLES, SUBMIT COPY OF TITLE AND AFTER REGISTERED IMMEDIATELY SUBMIT COPY OF REGISTRATION****

- Year, make and model of vehicle to be licensed: _____
Serial number (vin #): _____
NJ motor vehicle license plate no.: _____
Seating capacity (factory rating): _____
Is vehicle currently registered and inspected by the State of New Jersey?
Yes _____ No _____
- Year, make and model of vehicle to be licensed: _____
Serial number (vin #): _____
NJ motor vehicle license plate no.: _____
Seating capacity (factory rating): _____
Is vehicle currently registered and inspected by the State of New Jersey?
Yes _____ No _____
- Year, make and model of vehicle to be licensed: _____
Serial number (vin #): _____
NJ motor vehicle license plate no.: _____
Seating capacity (factory rating): _____
Is vehicle currently registered and inspected by the State of New Jersey?
Yes _____ No _____
- Year, make and model of vehicle to be licensed: _____
Serial number (vin #): _____
NJ motor vehicle license plate no.: _____
Seating capacity (factory rating): _____
Is vehicle currently registered and inspected by the State of New Jersey?
Yes _____ No _____
- Year, make and model of vehicle to be licensed: _____
Serial number (vin #): _____
NJ motor vehicle license plate no.: _____
Seating capacity (factory rating): _____
Is vehicle currently registered and inspected by the State of New Jersey?
Yes _____ No _____
- Year, make and model of vehicle to be licensed: _____
Serial number (vin #): _____
NJ motor vehicle license plate no.: _____
Seating capacity (factory rating): _____
Is vehicle currently registered and inspected by the State of New Jersey?
Yes _____ No _____

EMPLOYEE LIST YEAR: _____ TODAY'S DATE: _____

NAME OF BUSINESS AND TRADE NAME, IF APPLICABLE: _____

Name of person submitting application: _____ Title: _____

Business address – street, town, zip code: _____

Telephone #: _____ Signature: _____

Please list all persons employed by the business and their titles/positions. **FOR DRIVERS – SUBMIT COPY OF DRIVER'S LICENSE.** For all employees submit letters of qualification from the NJ DMV. Please use this form/page to notify the Township of any additional employees/changes throughout the year.

- Name: _____ Position: _____

Home Address – including street, town, state, zip code: _____

Telephone # – including area code: _____ Date of Birth: _____

For driver's – driver's license #: _____ Exp. Date: _____

- Name: _____ Position: _____

Home Address – including street, town, state, zip code: _____

Telephone # – including area code: _____ Date of Birth: _____

For driver's – driver's license #: _____ Exp. Date: _____

- Name: _____ Position: _____

Home Address – including street, town, state, zip code: _____

Telephone # – including area code: _____ Date of Birth: _____

For driver's – driver's license #: _____ Exp. Date: _____

- Name: _____ Position: _____

Home Address – including street, town, state, zip code: _____

Telephone # – including area code: _____ Date of Birth: _____

For driver's – driver's license #: _____ Exp. Date: _____