



TOWN OF NEWTON  
39 TRINITY STREET  
NEWTON, NEW JERSEY 07860  
973-383-3521

APPLICATION  
LIMOUSINE OWNER LICENSE

Office Use only:

Approved:  Yes  No

License# \_\_\_\_\_

Date Issued: \_\_\_\_\_

OWNER INFORMATION

1. Applicant Name: \_\_\_\_\_  
First Middle Last

2. Mailing Address: \_\_\_\_\_  
(Residence) Number/Street City/Town State/Zip

3. Street Address: \_\_\_\_\_  
(Residence) Number/Street City/Town State/Zip

4. Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Alt. Number (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

5. Have you made application for a Limousine Owner license in the past 5 years?  Yes  No

If Yes, list the agencies or jurisdictions where such application was made:

a. \_\_\_\_\_  
(Agency/Jurisdiction) (Address/City/State/Zip)

b. \_\_\_\_\_  
(Agency/Jurisdiction) (Address/City/State/Zip)

c. \_\_\_\_\_  
(Agency/Jurisdiction) (Address/City/State/Zip)

6. Have you ever been denied a license to operate a Limousine Business?  Yes  No

If Yes, list the agencies or jurisdictions where such application was made:

a. \_\_\_\_\_  
(Agency/Jurisdiction) (Address/City/State/Zip)

b. \_\_\_\_\_  
(Agency/Jurisdiction) (Address/City/State/Zip)

7. Have you ever had a license to operate a Limousine Business revoked or suspended?  Yes  No

If Yes, list the agencies or jurisdictions where revocations or suspensions were instituted:

a. \_\_\_\_\_  
(Agency/Jurisdiction) (Address/City/State/Zip)

b. \_\_\_\_\_  
(Agency/Jurisdiction) (Address/City/State/Zip)

**BUSINESS/VEHICLE/DRIVER INFORMATION**

1. Business Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
Number/Street City/Town State/Zip

3. Street Address: \_\_\_\_\_  
(If Different from Mailing Address) Number/Street City/Town State/Zip

4. Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Alt. Number (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

5. Business Registration Certificate/Certificate of Incorporation (Copy must be attached)  Yes  No

6. List Vehicle Information Below (List additional vehicles and addresses on separate sheet)

a. \_\_\_\_\_  
Make/Model Model Year Vin or Reg #

b. \_\_\_\_\_  
Make/Model Model Year Vin or Reg #

c. \_\_\_\_\_  
Make/Model Model Year Vin or Reg #

d. \_\_\_\_\_  
Make/Model Model Year Vin or Reg #

7. List the number of drivers that will be licensed under this application and provide a copy of their New Jersey MVC Limousine Drive Certification. Number of Drivers: \_\_\_\_\_ (List additional drivers on separate sheet)

a. \_\_\_\_\_  
Name Phone# DL#

\_\_\_\_\_  
Address City/Town State Zip

b. \_\_\_\_\_  
Name Phone# DL #

\_\_\_\_\_  
Address City/Town State Zip

c. \_\_\_\_\_  
Name Phone# DL#

\_\_\_\_\_  
Address City/Town State Zip

(List additional drivers on separate sheet)

**INSURANCE INFORMATION**

1. Name and Address of Insurance Carrier: \_\_\_\_\_  
Company Name

\_\_\_\_\_

Address

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

State                      Zip                      Area                      Telephone

2. The application must be accompanied by proof of insurance that the applicant maintains adequate coverage as required under section 283-18.B of the Revised General Ordinances.

An Insurance Certificate, naming the Town of Newton, 39 Trinity Street, Newton, NJ 07860, as a certificate holder must be attached.

A valid copy of the Insurance Policy must be attached.

3. Has insurance coverage for any of the vehicles to be licensed under this application been cancelled in the last twelve (12) months?  Yes  No

If yes, explain (Use additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEES:** Limousine License Fee: \$50.00 (for each limousine authorized for use)

**\*By submitting this application, I hereby consent to the submission of this application to other State and Federal governmental agencies in order to verify the accuracy of the representations set forth herein.**

**\*By submitting this application, I hereby agree to provide proof of valid, current insurance on a quarterly basis. Failure to provide such quarterly proof of valid, current insurance will result in an automatic revocation and termination of the license without advance notice and without refund of any license fees. Quarterly proofs must be received on or before January 1, April 1, July 1 and October 1 or revocation will occur on such date.**

**AFFIRMATION**

I, \_\_\_\_\_ being duly sworn, depose and say that I am the above referenced applicant and have personally read responses to each of the questions in this application and do solemnly swear that each and every answer is complete, true and correct in every respect.

**X** \_\_\_\_\_  
 Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public or Commissioner of Deeds