



CHECKLIST FOR NEW/ RENEWAL LIMOUSINE LICENSE APPLICATION

FOR USE BY THE TOWNSHIP CLERK:

Date Received: _____

Applicant's Name: _____

Limousine Company Name: _____

Received:

_____ Original signed and notarized application

_____ Copy of Rental Agreement
(If applicant is Limousine Company owner and place of business is not personally owned)

_____ Application Fee: \$250.00

_____ Consent Letter Fee: \$25.00

_____ Certificate of Title/Bill of Sale for each vehicle

_____ Certificate of Insurance: \$1,500,000.00 minimum Liability
(Must name Township Clerk as Certificate Holder)

_____ Signed and Notarized Power of Attorney _____ Individual/
Partnership _____ Corporation

INCOMPLETE/ RETURNED

_____ Incomplete application received

_____ Letter of incompleteness issued: _____

_____ Complete Application submitted

_____ License Issued – License # _____



INSTRUCTION FOR SUBMISSION OF APPLICATION FOR LIMOUSINE'S LICENSE

Submission of a complete application must be made to the Township Clerk's Office, 475 DeMott Lane, Somerset NJ 08873 **by March 1st for renewal applications, or six (6) weeks prior to beginning business operations for a new application. (These deadlines refer to your initial application and do not affect revisions during the licensing period to add or remove vehicles)**

A complete application consists of:

- A. Original signed and notarized application including:
 - a. Executed Power of Attorney for Township: _____ Individual/Partnership
_____ Corporation
 - b. Copy of Power of Attorney form for Motor Vehicle Commission
 - c. Copy of Bill of Sale or Certificate of Title for each vehicle
- B. Fees (in cash, money order or check payable to the Township of Franklin) in the amount of:

Application Fee:	\$250.00
Consent Letter Fee:	\$25.00
- C. Insurance Certificate naming the Township Clerk, Township of Franklin, 475 DeMott Lane, Somerset NJ 08873, as **Certificate Holder** and certifying insurance coverage in minimum amounts of:

LIMOUSINE OWNERS: (NJSA 48:16-14)

\$1,500,000 minimum liability coverage is required if all vehicles in the company's fleet have a seating of 15 passengers (including the driver) or fewer.

Incomplete applications will not be held or processed until they are complete. Processing the application can take up to sixty (60) days from the filing of a complete application.



LIMOUSINE OWNER'S LICENSE APPLICATION

Municipal Code Chapter 350, Article IV

Fees: Application: \$250

Consent Letter: \$25

Applicant Name: _____

Principal Place of Business: _____

Phone #: _____ Alternate #: _____

Email Address: _____

Location of Dispatcher: _____

Have you ever previously operated a limousine service? _____ If so, where? _____

Has your license ever been revoked, and if so, for what cause? _____

Date of Birth: _____ Primary Residential Address: _____

If a corporation or partnership:

Company Name: _____

Main Office Address: _____

Branch Office Locations: _____

Attached the following if applicable:

- If a corporation: the state of the corporation; the names and primary residential addresses of all officers and directors; their citizenship status; and a list of all stockholders who hold more than 10% of the corporate stock.
- If a partnership: the names, and primary residential addresses of each partner.

CRIMINAL AND MOTOR VEHICLE RECORD

Have you ever been convicted of any of the following:

Crime: _____

Disorderly Person Offense: _____

Motor Vehicle violation, other than parking violations: _____

Are your driving privileges now revoked or suspended in any state? _____

Have your driving privileges ever been revoked or suspended in any state? _____

Are there any legal proceedings presently pending, which may result in the revocation or suspension of your driver's license in any state? _____

If the answer to any of the previous questions is YES, please explain fully using an attached sheet of paper.

INSURANCE INFORMATION

INSURANCE COMPANY NAME _____

ADDRESS _____

POLICY NUMBER

EXPIRATION DATE

COMBINED SINGLE LIMIT

INSURANCE CERTIFICATE NAMING "TOWNSHIP OF FRANKLIN, 475 DEMOTT LANE, SOMERSET NJ 08873", AS CERTIFICATE HOLDER, MUST ACCOMPANY APPLICATION.

POWER OF ATTORNEY

As per NJSA 48:16-5, applicants must attach the Power of Attorney form appointing the Chief Financial Officer of the Township of Franklin as the applicant's true and lawful attorney. This is to acknowledge service of any process out of a Court of Law of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy filed.

APPLICANT'S CERTIFICATION

The facts set forth in this application are true and complete. I understand, if the application is approved, false statements shall be considered sufficient cause for suspension or revocation of my license.

APPLICANT SIGNATURE

Sworn to and subscribed before me this

_____ day of _____, 20_____.

NOTARY PUBLIC

VEHICLE INFORMATION

Vehicle #1:

Year _____ Make _____ Model _____ Color _____

Vehicle Identification Number _____

NJ License Plate # _____ Passenger Capacity _____

Insurance Company _____

Policy # _____ Expiration Date _____

Location at which vehicle will be stored _____

- A copy of the bill of sale for each limousine to be operated on the streets of the Township of Franklin.
- A copy of the vehicle registration.

Vehicle #2:

Year _____ Make _____ Model _____ Color _____

Vehicle Identification Number _____

NJ License Plate # _____ Passenger Capacity _____

Insurance Company _____

Policy # _____ Expiration Date _____

Location at which vehicle will be stored _____

- A copy of the bill of sale for each limousine to be operated on the streets of the Township of Franklin.
- A copy of the vehicle registration.

Vehicle #3:

Year _____ Make _____ Model _____ Color _____

Vehicle Identification Number _____

NJ License Plate # _____ Passenger Capacity _____

Insurance Company _____

Policy # _____ Expiration Date _____

Location at which vehicle will be stored _____

- A copy of the bill of sale for each limousine to be operated on the streets of the Township of Franklin.
- A copy of the vehicle registration.

VEHICLE INFORMATION (continued)

Vehicle #4:

Year _____ Make _____ Model _____ Color _____

Vehicle Identification Number _____

NJ License Plate # _____ Passenger Capacity _____

Insurance Company _____

Policy # _____ Expiration Date _____

Location at which vehicle will be stored _____

- A copy of the bill of sale for each limousine to be operated on the streets of the Township of Franklin.
- A copy of the vehicle registration.

Vehicle #5:

Year _____ Make _____ Model _____ Color _____

Vehicle Identification Number _____

NJ License Plate # _____ Passenger Capacity _____

Insurance Company _____

Policy # _____ Expiration Date _____

Location at which vehicle will be stored _____

- A copy of the bill of sale for each limousine to be operated on the streets of the Township of Franklin.
- A copy of the vehicle registration.

Vehicle #6:

Year _____ Make _____ Model _____ Color _____

Vehicle Identification Number _____

NJ License Plate # _____ Passenger Capacity _____

Insurance Company _____

Policy # _____ Expiration Date _____

Location at which vehicle will be stored _____

- A copy of the bill of sale for each limousine to be operated on the streets of the Township of Franklin.
- A copy of the vehicle registration.

For Use by Individuals or Partnerships:

**POWER OF ATTORNEY
PURSUANT TO NJSA 48:16-5**

Known by all present that _____, having
(Name of Entity Giving Power of Attorney)

(his/her/its) principal office at _____,
(Address of Office)

pursuant to the provisions of NJSA 48:16-5 does hereby appoint the Chief Financial Officer of the Township of Franklin, County of Somerset and State of New Jersey, (his/her/its) Attorney. This attorney may handle all processes seeking damages on account of any accident occurring by reason of the ownership, maintenance, or use of any limousine upon any public street or any fault in respect thereto and who may acknowledge such service. He/She/It does further agree that any process so serviced shall be of the same effect as if duly served upon (him/her/its) within this state.

In witness whereof, (he/she/it) has caused these presents to be signed.

Signed, sealed and delivered
in the presence of

Individual/Partnership Name

Witness

Signature

STATE OF NEW JERSEY)
COUNTY OF SOMERSET) SS

I CERTIFY that on _____ 20_____, _____ personally came before me and acknowledged under oath, to my satisfaction, that this person:

- (a) Is named in and personally signed this Power of Attorney; and
- (b) Signed, sealed, and delivered this Deed as his or her act and deed.

Signature

Signed and sworn to before me

this _____ day of _____, 20_____.

NOTARY PUBLIC

For Use by Corporations only:

**POWER OF ATTORNEY
PURSUANT TO NJSA 48:16-5**

Known by all present that _____, having
(Name of Entity Giving Power of Attorney)

(his/her/its) principal office at _____,
(Address of Office)

pursuant to the provisions of NJSA 48:16-5 does hereby appoint the Chief Financial Officer of the Township of Franklin, County of Somerset and State of New Jersey, (his/her/its) Attorney. This attorney may handle all processes seeking damages on account of any accident occurring by reason of the ownership, maintenance, or use of any limousine upon any public street or any fault in respect thereto and who may acknowledge such service. He/She/It does further agree that any process so serviced shall be of the same effect as if duly served upon (him/her/its) within this state.

In witness whereof, (he/she/it) has caused these presents to be signed by _____
(President/Vice President of Corporation)

and the corporate seal to be thereunder affixed, this _____ day of _____, 20_____.

Signed, sealed and delivered
in the presence of

Corporate Name

Secretary of Corporation

Signature of Officer

(SEAL)

Title of Officer

Corporate Acknowledgement

STATE OF NEW JERSEY

) SS

COUNTY OF SOMERSET

I CERTIFY that on _____, 20_____, _____ personally came before me and acknowledged under oath, to my satisfaction, that:

- (a) This person is the Secretary of the Corporation named in this Power of Attorney:
- (b) This person is the attesting witness to the signing of this Power of Attorney by the proper Corporate Officer who is the President of the Corporation;
- (c) This Power of Attorney was signed and delivered by the Corporation as its voluntary act duly authorized by a proper Resolution by its Board of Directors;
- (d) This person knows the proper seal of the Corporation which was affixed to this Power of Attorney; and
- (e) This person signed this proof to attest to the truth of these facts.

SIGNATURE OF CORPORATE
SECRETARY

Signed and sworn to before

me this _____ day of _____, 20_____.

NOTARY PUBLIC