

CHECKLIST: LIMOUSINE/LIVERY SERVICE LICENSE

TOWNSHIP OF WAYNE
CLERK'S OFFICE
475 VALLEY ROAD
WAYNE NJ 07470

NAME OF LIMOUSINE COMPANY: _____

PRINCIPAL PLACE OF BUSINESS (WAYNE TOWNSHIP): _____

PLACE OF DEPOT: _____

NUMBER OF VEHICLES LISTED ON THIS APPLICATION: _____

CORP CODE: _____

PLEASE NOTE:

- TO GET YOUR LICENSE IN A TIMELY MANNER, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION. THIS OFFICE WILL NOT MAKE ANY COPIES OF DOCUMENTS PREVIOUSLY SUBMITTED BY THE APPLICANT.
1. _____ **NEW APPLICANTS ONLY:** Must submit a copy of your **Zoning Permit** - A certification from the Zoning Officer of the Township of Wayne that the holder of said license may maintain a limousine/livery service depot conforming to zoning regulations of the Township.
 2. _____ A **NOTARIZED** statement from the **property owner authorizing** the applicant to depot cars on said property.
 3. _____ Any driver listed in this application who does not have a **COMMERCIAL DRIVER LICENSE - CDL (A, B or C Class) WITH A PASSENGER ENDORSEMENT P** must have a background check and submit a copy of the letter of **Qualification to Operate a Limousine** from N.J. Motor Vehicle Commission. *(The background check is handled by the NJMVC)*
 4. _____ Copy of Limo Company's 15-Digit Corp Code Title from MVC (**CORP CODE MUST INDICATE THAT YOUR PRINCIPAL PLACE OF BUSINESS IS IN THE TOWNSHIP OF WAYNE**)
 5. _____ If the principal place of business is in Wayne, but the depot for vehicle(s) is in another municipality, then a copy of the zoning permit or letter from that municipality indicating that said vehicles are permitted to be in depot in their municipality is required. **ALL DEPOTS MUST BE IN NEW JERSEY.**
 6. _____ Copy of most recent **inspection check list** (daily log) as per N.J.S.A. 48:16-22.2.
 7. _____ Copy of N.J. **Business Registration Certificate.**
 8. _____ Copy(s) of **driver's license of all** persons employed by the applicant, including the applicant.
 9. _____ Copy(s) of **vehicle registration(s) for all** vehicles listed on the application.
 10. _____ If place of business and/or depot is leased, a copy of **lease agreement.**
 11. _____ **ORIGINAL - Current** Insurance Policy
 12. _____ **Power of Attorney** (notarized)
 13. _____ **Schedule of Rates** to be charged
 14. _____ Application fee: \$50.00 & License fee: \$10.00 for each vehicle (Non-Refundable) & Late fee: \$25.00 (if payment made after March 31st)

**TOWNSHIP OF WAYNE
CLERK'S OFFICE
475 VALLEY ROAD
WAYNE NJ 07470**

YEAR _____ New _____ Renewal _____

(Governed by Chapter 190)

APPLICATION – LIMOUSINE/LIVERY SERVICE LICENSE

Applicant Please Check One:

_____ CORPORATION, _____ PARTNERSHIP, _____ LLC, or _____ SOLE PROPRIETORSHIP

IF APPLICANT IS INCORPORATED: DATE: _____ WHAT STATE: _____

ATTACH: CERTIFICATE OF INCORPORATION WITH LIST OF OFFICERS, IF INCORPORATED

NAME CORP/PARTNER/LLC/SOLE PROP.: _____

ADDRESS: _____

TRADE NAME: _____

LOCATION OF DEPOT (Wayne TWP): _____

OFFICE TEL# _____ **CELL#** _____ **FAX#** _____

CORP CODE (15-DIGIT CODE) _____

1. **TAXPAYER ID (Federal Employer ID Number):** Your Taxpayer Identification (FEIN) must be twelve digits long:
1. _____
2. **BUSINESS ENTITY ID:** This is the ten-digit ID assigned to all corporations, LLC's and limited partnerships. If your business is a General Partnership or Proprietorship, this search field is not applicable:
2. _____

EMAIL ADDRESS: _____

LIST NAME, ADDRESS. & PHONE NO. OF EACH PARTNER/OFFICER (AS APPLICABLE) AND MANAGER(S)

*** LIST PRIMARY/APPLICANT CONTACT NAME FIRST ***

	<u>LAST NAME, FIRST NAME</u>	<u>HOME ADDRESS</u>	<u>HOME PHONE NO.</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

APP.FEE: \$50.00 & **LIC. FEE:** \$10.00 PER VEHICLE NON REFUNDABLE **LATE FEE:** \$25.00 (If payment made after March 31st)

FOR OFFICE USE ONLY:			
FEE PAID: _____	DATE: _____	CK. NO. _____	CASH _____
ZONING DEPT. _____	REVENUE DEPT. _____	COUNCIL _____	

If corporation is not incorporated under the State of New Jersey then applicant must submit proof that it is authorized to transact business in the State of New Jersey: _____ **(Proof attached)**

NAME, ADDRESS OF INSURANCE CO w/EXPIRATION DATE OF POLICY: _____

Has applicant or person(s) listed in this application ever been convicted of a crime? **Yes** ___ **or No** ___

If yes, please explain: _____

Has applicant, or any person mentioned in this application ever been convicted of being a disorderly person or in violation of Title 39 “Motor Vehicles and Traffic Regulation” revised statutes of New Jersey? **Yes** ___ **or No** ___

If yes, please explain: _____

Description of applicant’s experience in transportation of passengers: _____

Number of vehicles to be operated or controlled by the applicant and location: _____

I, _____ DO HEREBY CERTIFY THAT I WILL PARK NO MORE THAN ONE (1) CAR OR NO MORE THAN THE NUMBER APPROVED BY ZONING PERMIT (AT ANY ONE TIME) OVERNIGHT AT THE LOCATION APPROVED BY ZONING PERMIT.

Does Applicant OWN _____ or LEASE _____ property (establishment location)?

If property is leased, is Applicant responsible for WATER/SEWER payments with the Township? Yes ___ or No ___

LEASOR/PROPERTY OWNER INFORMATION

NAME: _____

HOME ADDRESS: _____

DAYTIME TEL #: _____ **EMAIL** _____

SIGNATURE & TITLE

SIGNATURE & TITLE

(Date)

Sworn and subscribed before me this
_____ day of _____, 201

THIS PAGE MUST BE NOTARIZED

Notary Public

DRIVERS INFORMATION:

MUST HAVE ONE OF THE TWO FOR EACH DRIVER:

- *Copy of CDL w/ "P" Endorsement* **or**
- *Copy of MVC letter of Qualification for Employment* (criminal history background checks)

<u>DRIVER NAME</u>	<u>RESIDENCE</u>	<u>DRIVER LICENSE NO.</u>	<u>CDL</u> w/"P" Endorsement	<u>MVC</u> Qualification For Employment

VEHICLE:

PLATE NO. _____

V.I.N. _____

YEAR _____

MAKE & MODEL _____

COLOR _____

PASSENGER CAPACITY (Not Including Driver): _____

LOCATION OF DEPOT (Must be in New Jersey): _____

VEHICLE:

PLATE NO. _____

V.I.N. _____

YEAR _____

MAKE & MODEL _____

COLOR _____

PASSENGER CAPACITY (Not Including Driver): _____

LOCATION OF DEPOT (Must be in New Jersey): _____

VEHICLE:

PLATE NO. _____

V.I.N. _____

YEAR _____

MAKE & MODEL _____

COLOR _____

PASSENGER CAPACITY (Not Including Driver): _____

LOCATION OF DEPOT (Must be in New Jersey): _____

VEHICLE:

PLATE NO. _____

V.I.N. _____

YEAR _____

MAKE & MODEL _____

COLOR _____

PASSENGER CAPACITY (Not Including Driver): _____

LOCATION OF DEPOT (Must be in New Jersey): _____

DATE: _____

POWER OF ATTORNEY (Limousine Only)

I, _____ APPOINT THE DIRECTOR (CHIEF ADMINISTRATOR) OF THE DIVISION OF MOTOR VEHICLES (MOTOR VEHICLE COMMISSION) OUR/MY TRUE AND LAWFUL ATTORNEY FOR THE ACCEPTANCE OF SERVICE OF PROCESS:

(YEAR): _____

(MAKE): _____

(VIN): _____

OWNER/PRESIDENT

PRINT NAME

THIS FORM MUST BE NOTARIZED

Sworn and subscribed before me this

_____ day of _____

SEAL

Notary Public

*******THIS DOCUMENT MUST BE NOTORIZED*******

PLEASE NOTE: IF AN ATTORNEY AT LAW IS USED TO AUTHENTICATE THIS DOCUMENT, HE/SHE MUST USE A PREPARED STAMP IDENTIFYING THEM AS AN ATTORNEY AT LAW.