



Susan Witkowski  
Borough Clerk

# BOROUGH OF HAWTHORNE

## Passaic County, New Jersey

445 LAFAYETTE AVENUE  
HAWTHORNE, NJ 07506  
Phone: 973-427-1167 Fax: 973-427-2320

### REQUIREMENTS WHEN APPLYING FOR A LIMOUSINE SERVICE LICENSE

1. Applicants must have proof that their service is located in Hawthorne
2. Copy of driver's license of the driver(s) of the vehicle to be licensed
3. Copy of registration for vehicle to be licensed
4. Current liability insurance for vehicle (\$1,500,000.00 required)
5. Vehicle inspection by the Police Department with the following requirements:
6. Upon meeting all these requirements, a license will be issued by the Borough Clerk.

<b>Limousine Requirement</b>	<b>Y</b>	<b>N</b>
Municipal License in Vehicle		
Proof of Liability Insurance \$1.5 million for Bodily Injury or Death as result of Accident <b>(Notarized Copy Required)</b>		
Two-way communication or mobile phone with minimum 100 mile range		
Removable First-Aid Kit and Fire Extinguisher (Accessible at all times?)		
Sideboards attached to the permanent body construction of the vehicle (Applies to vehicles where floor is 10 inches or more above ground level)		
Pre-trip Inspection Checklist and Log (Walk around inspection of tires, windshield wipers, horn, front rear and side windows, front and rear lights, fluid levels brakes and two way communication system)		
Limousine License Plates		
Current Vehicle DMV Inspection		
Log Book		



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### APPLICATION FOR LIMOUSINE SERVICE

#### Ordinance No. 1704

I hereby furnish the Borough of Hawthorne with the following information with regard to the limousine service I propose to conduct in the Borough:

Name of Owner of Vehicle: \_\_\_\_\_

Home Address: \_\_\_\_\_

Principal Place of Business of Vehicle Owner: \_\_\_\_\_

Vehicle(s) to be housed at the following address: \_\_\_\_\_

Description of Vehicle to be Used :

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN# \_\_\_\_\_ Plate #: \_\_\_\_\_ Color: \_\_\_\_\_

Name of Driver/Employee: \_\_\_\_\_

Address: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Have you (the applicant) ever been convicted of a crime:  Yes  No

If the box is checked yes, please provide a complete statement concerning dates and disposition thereof. In the case of a corporate applicant, the statement shall be completed as to each officer, director or shareholder having an ownership interest of more than 10% in the entity.

Any person who violates any provision of this chapter shall, upon conviction, be subject to a fine of not more than \$1,000 or imprisonment of not more than 90 days, or both.

\_\_\_\_\_  
Signature/Vehicle Owner

\_\_\_\_\_  
Signature of Business Owner (If not vehicle owner)

Tel # \_\_\_\_\_

Tel # \_\_\_\_\_

**Fee: \$50.00 payable to Borough of Hawthorne** Check # \_\_\_\_\_