



Lori Fernandez, RMC
Borough Clerk

BOROUGH OF HAWTHORNE

Passaic County, New Jersey

Office of the Borough Clerk
445 Lafayette Avenue, Suite 102
Hawthorne, New Jersey 07506
973.427.1167 | www.hawthornenj.org



Nancy Salisbury
Deputy Borough Clerk

REQUIREMENTS WHEN APPLYING FOR A LIMOUSINE SERVICE LICENSE

1. _____ Annual Application & License Fees: \$55.00. *Late Fee's: \$25 per vehicle for renewal application submitted ten days or more after due date (Ordinance 2110-14)*
2. _____ A notarized statement from the owner of the property authorizing the applicant to depot cars on said property.
3. _____ If the depot for vehicle(s) is in another municipality, 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.
4. _____ Copy of letter of qualification from NJ Motor Vehicle Commission for all drivers.
5. _____ Copy of Limo Company's 15-Digit Corp Code Title from MVC
6. _____ Vehicle inspection conducted by the Hawthorne Police Department (See page 4).
7. _____ Copy of N.J. Business Registration Certificate & Certificate of Authority (from Division of Taxation).
8. _____ Copy of driver's license of all persons employed by the applicant, including the applicant.
9. _____ Copy of vehicle registration for all vehicles listed on the application.
10. _____ If place of business and/or depot is leased, a copy of lease agreement.
11. _____ Insurance Policy or Declaration Pages (*Certificate of Liability is no longer accepted*)
12. _____ Power of Attorney (notarized)
13. _____ Schedule of Rates to be charged



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~ APPLICATION FOR LIMOUSINE SERVICE LICENSE ~

YEAR 20 _____

New Renewal Addition Deletion

BUSINESS NAME: _____

ADDRESS OF PRINCIPAL PLACE OF BUSINESS: _____

OFFICE PH #: _____ OFFICE FAX # _____

NAME OF BUSINESS OWNER:

HOME ADDRESS:

CELL #: _____ EMAIL _____

NUMBER OF VEHICLES TO BE OPERATED OR CONTROLLED BY THE APPLICANT:

Does applicant own _____ or lease _____ place of business and/or place of depot?

If property is leased give Landlord's name, address, & telephone number:

CORP CODE (15-DIGIT CODE) _____

Please Check One: CORPORATION, PARTNERSHIP, LLC OR SOLE PROPRIETORSHIP

1. _____ IF SOLE PROPRIETORSHIP: Name, Home Address, Date of Birth
2. _____ IF PARTNERSHIP: Name, Home Address, Date of Birth of each Partner.
3. _____ IF CORP.: Name, Home Address, Date of Birth of each Officer (Directors & Stockholders). INCORPORATED DATE : _____ STATE: _____
4. _____ IF LLC: Name, Home Address, date of Birth of each member.



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<u>Officers Name</u>	<u>Home Address</u>	<u>Date of Birth</u>	<u>Position Held</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

VEHICLE INFORMATION:

PLATE NO. _____ V.I.N. _____

YEAR _____ MAKE & MODEL _____

COLOR _____ PASSENGER CAPACITY (Not Including Driver): _____

LOCATION OF DEPOT: _____

DRIVER(S) INFORMATION FOR THIS VEHICLE (Attach copy of drivers license):

<u>NAME</u>	<u>ADDRESS</u>	<u>DRIVERS LICENSE NO.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Has applicant or any person(s) mentioned in this application ever been convicted of a crime?

Yes _____ No _____ If yes, please explain: _____

Has applicant or any person(s) 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 _____ No _____ If yes, please explain: _____

INSURANCE COMPANY NAME, ADDRESS, POLICY NUMBER & EXPIRATION

DATE: (attach copy of Declaration Page):



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Date

Signature & Title

Signature & Title

Signature & Title

Sworn and subscribed before me this

_____ day of _____, 20__

Notary Public

** Upon meeting all the above requirements and approved inspection by the Police Department, the municipal license will be issued by the Borough Clerk.*

~ Limousine Requirements for Inspection ~	Y	N
Municipal License in Vehicle		
Proof of Liability Insurance \$1.5 million for Bodily Injury or Death as result of Accident (or Notarized Letter Required)		
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)		
Limousine License Plates		
Current Vehicle DMV Inspection		
Cell Phone Number		

FOR OFFICE USE ONLY:

Vehicle No. _____ Boro License No. _____ Expiration: _____

FEE PAID: _____ DATE: _____ CK. NO. _____ CASH _____

NEW APPLICANTS: Planning Dept. Approval _____