



Lori DiBella, 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](http://www.hawthornenj.org)



Nancy Salisbury  
Deputy Borough Clerk

## **REQUIREMENTS WHEN APPLYING FOR A LIMOUSINE SERVICE LICENSE**

1. \_\_\_\_\_ Annual Application & License Fees: First vehicle \$75.00, each additional vehicle is \$50. *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.*

| <b>~ Limousine Requirements for Inspection ~</b>                                                                                                | Y | N |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Municipal License in Vehicle                                                                                                                    |   |   |
| Proof of Liability Insurance \$1.5 million for Bodily Injury or Death as result of Accident (or <b>Notarized Letter 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) |   |   |
| 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 \_\_\_\_\_