



Lori DiBella, RMC  
Borough Clerk

# BOROUGH OF HAWTHORNE

Passaic County, New Jersey

445 LAFAYETTE AVENUE

HAWTHORNE, NJ 07506

Phone: 973-427-1167 Fax: 973-427-2320

[www.hawthornenj.org](http://www.hawthornenj.org)

Vanessa Nienhosue  
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 TEL #: \_\_\_\_\_ OFFICE FAX or EMAIL ADDRESS: \_\_\_\_\_

NAME OF BUSINESS OWNER: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CELL #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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 & stock holders).
4. \_\_\_\_\_ IF LLC: Name, Home Address, date of Birth of each member.

IF APPLICANT IS INCORPORATED: DATE : \_\_\_\_\_ WHAT STATE \_\_\_\_\_

<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: \_\_\_\_\_

**DRIVERS 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): \_\_\_\_\_  
 \_\_\_\_\_

*Please make checks payable to the Borough of Hawthorne and submit all to the Clerk's Office.*

\_\_\_\_\_  
 (Date) Signature & Title

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_  
 Signature & Title

\_\_\_\_\_  
 Notary Public

<b>~ Limousine Requirements for Inspection ~</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 (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		

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

<b>FOR OFFICE USE ONLY: Vehicle No.</b> _____			
<b>FEE PAID:</b> _____	<b>DATE:</b> _____	<b>CK. NO.</b> _____	<b>CASH</b> _____
<b>NEW APPLICATIONS:</b> Planning Dept. Approval _____			