ADDITIONAL VEHICLES

TOWNSHIP OF EAST WINDSOR

MERCER COUNTY, NEW JERSEY

Name of Taxi Cab or Limousine Company:	
Address:	
VEHICLE Owner, Owners or Corpora	tion, Name of Applicant:
Corporation/Partnership/Individual Per	rmanent Address:
Telephone Number with area code:	
If applicant is a corporation, give name partnership, give names and addresses	e and address of registered agent (if applicant is a of all partners:
DESCRIPTION OF TAXI CAB OR Lowned, give the following information hereto) Year, Make and Model of Vehicle:	IMOUSINE: (if more than one (1) vehicle is on a separate sheet of paper for each and attach
Description of Vehicle: (Color, 4-door, tinted windows, etc.)	
Serial Number (VIN):	
License Plate #:	
Seating Capacity:	
This Application must be accompan Certificate of Sale and/or Title of Ve insurance for each taxi or limousine.	ied by a copy of the vehicle(s) registration, whicle and an ORIGINAL certificate of
Signature:	Date:

FOR OFFICIAL USE BY EAST WINDSOR TOWNSHIP OFFICIALS: Date Application Filed: POLICE RECOMMENDATIONS:				
			Approved:	Denied:
			Police:	
ed:				
ed letter to Motor Vehicle				
Date:	Type of Payment:			
	IENDATIONS: Approved: Police: ed: 00. Renewals in sequential years hicle ed letter to Motor Vehicle ransfer e to Renew by January 31 (per approximately sequential)			