

FOR OFFICE USE ONLY
Date Received:
Fee Paid:
No. of Vehicles:
Application #:

LIMOUSINE OWNER (VEHICLE) LICENSE APPLICATION

This application requires a \$30.00 non-refundable fee <u>per vehicle</u>. The fee is payable by cash or check to the "Township of Verona" and must be submitted with the application.

<u>Incomplete applications will delay processing.</u>

Application Date:				
Applicant Name:				
Applicant Home Addr	ess:			
Applicant Phone:				
Applicant Driver's Lic	ense #			
Limousine Company				
Business Address (no PO Boxes)				
Business Phone:				
			_	
	CLE INFORMATION (addit		next page)	
Make:		Model:		
Year:		Color:		
VIN:		NJ License Plate #		
Address where vehicle is stored when not in use:				
Insurance Company:				
Policy #		Expiration Date:		
Insurance Agent:		Phone:		
Insurance Agent Address:				
REQUIRED:	☐Certificate of Insurance in name of applicant/company showing: Required insurance limits, policy#, policy effective dates VIN of all covered vehicles			
□Copy of current vehicle registration				
□Copy of current vehicle insurance				
☐Signed Power of Attorney form				
Signature of Applican	t:		Date:	

APPLICANT/COMPANY NAME:	

Fill out one box per additional vehicle

Make:	Model:			
Year:	Color:			
VIN:	NJ License Plate #			
Address where vehicle is stored when not in use	9:			
Insurance Company:				
Policy #	Expiration Date:			
Insurance Agent:	Phone:			
Insurance Agent Address:				
Make:	Model:			
Year:	Color:			
VIN:	NJ License Plate #			
Address where vehicle is stored when not in use:				
Insurance Company:				
Policy #	Expiration Date:			
Insurance Agent:	Phone:			
Insurance Agent Address:				
Make:	Model:			
Year:	Color:			
VIN:	NJ License Plate #			
Address where vehicle is stored when not in use:				
Insurance Company:				
Policy #	Expiration Date:			
Insurance Agent:	Phone:			
Insurance Agent Address:				
[A A .]	I. A			
Make:	Model:			
Year:	Color:			
VIN:	NJ License Plate #			
Address where vehicle is stored when not in use:				
Insurance Company:	le			
Policy #	Expiration Date:			
Insurance Agent:	Phone:			
Insurance Agent Address:				