

**2014 - APPLICATION FOR LETTER OF COMPLIANCE LIMOUSINE
OR LIVERY SERVICE**

**ALL APPLICANTS MUST PRESENT THE FOLLOWING INFORMATION FOR
ANNUAL RENEWAL:**

New Jersey Business Registration

Federal Tax ID Number

Copy of Driver's License for Owner/Operator of the Business

List of Drivers to include:

- Copy of Driver's License (for each driver)
- Certificate to Operate Limousine – CDL Certificate (for each driver)
- Copy of Title for each Vehicle

Name of Business (indicate whether tradename, d/b/a, corporation, partnership, limited liability corporation, etc.) _____

Name and Address of Principal Owner(s) of Business and Vehicle(s) if different than above

Physical Location and Address of Principal Place of Business:

Street _____

City _____

State _____

Zip Code _____

Telephone Number _____

Email address _____

Mailing Address (if different than above) _____

Insurance Company Name _____

Street Address _____

City, State, Zip Code _____

Telephone and Fax (Required) _____

ORIGINAL CURRENT CERTIFICATE OF INSURANCE MUST BE ATTACHED

Description of Vehicle(s)

Make _____ Model _____ Year _____ Color _____

Vin # _____ Passenger Capacity _____ License Plate # _____

Make _____ Model _____ Year _____ Color _____

Vin# _____ Passenger Capacity _____ License Plate # _____

Make _____ Model _____ Year _____ Color _____

Vin# _____ Passenger Capacity _____ License Plate # _____

Make _____ Model _____ Year _____ Color _____

Vin# _____ Passenger Capacity _____ License Plate # _____

FEE: \$25.00 per vehicle

Total Amount Paid _____

NOTE: If A VEHICLE LISTED REPLACES A VEHICLE ON FILE DESCRIBE HERE

MAKE _____ **YEAR** _____ **VIN#** _____

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Insurance Information

Amount of Insurance _____ Policy No. _____ Expiration _____

Certificate of Insurance Filed _____ Date _____

(Naming Bridgewater Township an additional insured)

I, _____ certify that all of the information provided above is accurate and factual.

Signature of Applicant

(Print Name)

POWER OF ATTORNEY

Power of Attorney Filed

Date _____

REFERRAL TO ZONING OFFICER:

This business is a permitted use in the zone in which it is located.

Date _____

Zoning Officer _____

Pre-Existing Non Conforming Use

Date _____

Zoning Officer _____

Board of Adjustment Approval _____

Date _____

Zoning Officer _____

Annual Home Occupation Permit # _____ Expires _____

Date _____

Zoning Officer _____

****THIS APPLICATION SHALL NOT BE ACCEPTED WITHOUT ORIGINAL SIGNATURES****