

- RENEWAL
- NEW
- REPLACEMENT

**LICENSING DIVISION  
APPLICATION FOR TAXICAB/LIMOUSINE OWNER'S LICENSE**



PROVIDE VIN OF VEHICLE BEING REMOVED FOR REPLACEMENT \_\_\_\_\_

A Taxicab/Limousine Owner's License does not entitle owner to drive a vehicle without also obtaining a Taxicab/Limousine Driver's License.

This application **MUST** be filled out for each and every taxicab/limousine applied for: **Date:** \_\_\_\_\_

**Company Name/Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_, the undersigned, hereby applies to the Town of Dover for a license to operate a public taxicab/limousine as desired below within the Town of Dover.

The following questions **MUST** be answered:

Are you legally eligible to work in the United States?  YES  NO Home Phone \_\_\_\_\_

Residential Address: \_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_ Fax No. \_\_\_\_\_  
\_\_\_\_\_ e-mail address: \_\_\_\_\_

**Attach identification of proof that you are at least 21 years of age.**

**If partnership, the following questions MUST be answered:**

Give firm name: \_\_\_\_\_

Office Location: \_\_\_\_\_

Give name and address of partners:

\_\_\_\_\_ residing at: \_\_\_\_\_

\_\_\_\_\_ residing at: \_\_\_\_\_

**If Corporation or Limited Liability Company, the following questions MUST be answered:**

Registered Office Address: \_\_\_\_\_

In what state incorporated \_\_\_\_\_

NJ Corporation Number \_\_\_\_\_ EIN \_\_\_\_\_

**Vehicle Information:**

1. Give address where vehicles will be kept: \_\_\_\_\_

2. Have you complied with the provisions of Section 6 of an "ordinance to regulate and license taxicabs/limousines and the owners and operators thereof," 1946, in regard to insurance for this vehicle?  YES  NO

3. Name of Insurance Company and Agent \_\_\_\_\_

4. What is the type of vehicle to be licensed:  Cab  Limousine 5. Make of Vehicle \_\_\_\_\_

6. Vehicle Year \_\_\_\_\_ 7. Vehicle Type \_\_\_\_\_ 8. Vehicle Color \_\_\_\_\_

9. Serial/Vin No. \_\_\_\_\_ 10. Do you the own or lease said vehicle?  Own  Lease

11. Seating Capacity \_\_\_\_\_ 12. Distinguishing marks, if any \_\_\_\_\_

**APPLICATION MUST BE NOTARIZED ON BACK**

State of New Jersey  
Town of Dover           SS:  
County of Morris

\_\_\_\_\_ being duly sworn, disposes and says that \_\_\_\_\_  
is the individual making the foregoing application for a Taxicab/Limousine License, that the answers to foregoing questions and other  
statements contained therein are true of his knowledge and belief, and that he will report in writing to the Licensing Division any of  
address change that may occur while this license remains in force and that he will not permit the operation of said vehicles, except by a  
duly licensed driver, and he signed the forgoing application for and on behalf of the said

\_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public, New Jersey**  
(seal) My Commission Expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**LICENSING DIVISION-----TOWN OF DOVER**

This is to certify, that the Licensing Division inspected the vehicle mentioned in this application owned by \_\_\_\_\_  
\_\_\_\_\_ on    /    /    State License number \_\_\_\_\_

This vehicle is in conformance with the standards established in the Code of Dover, Chapter 349.10 et seq.

The qualifications of the applicant as a taxicab/limousine owner have been investigated and it is hereby recommended that a license be  
issued.

\_\_\_\_\_  
**Licensing Division**

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**OFFICE OF THE TOWN CLERK-----TOWN OF DOVER**

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

License number issued \_\_\_\_\_ Fee Paid \_\_\_\_\_

\_\_\_\_\_  
**Town Clerk**

**POWER OF ATTORNEY**

That the undersigned, \_\_\_\_\_  
For the purpose of complying with the laws of New Jersey relating to Registration of Taxi Cabs/Limousine vehicles in said state hereby; irrevocably appoints **Kelly Toohey**, Chief Fiscal Officer of the Town of Dover and his/her successor in such office, its true and lawful attorney for the purpose of acknowledging service of any process out of court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy or bond filed with the Town of Dover, in conjunction with such registration in accordance with N.J.S.A. 48:16-14.

It is requested that a copy of any notice, process or pleading served, thereunder be mailed to:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Make: \_\_\_\_\_

\_\_\_\_\_ VIN #: \_\_\_\_\_

Signature: \_\_\_\_\_

(Vehicle information is requested to attach Power of Attorney to each application for licensing.)

**CORPORATE ACKNOWLEDGEMENT**

State of New Jersey

County of Morris

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
Before me personally appeared \_\_\_\_\_,  
who I am satisfied \_\_\_\_\_ the person named in the above corporation and that \_\_\_\_\_ as such Officer being authorized to execute the foregoing instrument for the purpose herein contained, by signing the name of the corporation by himself as such officer.

\_\_\_\_\_

IN WITNESS WHEREOF, I have hereunder set my hand the official seal.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

This is to certify that \_\_\_\_\_ has presented  
NAME & ADDRESS OF APPLICANT  
proof of insurance for the following vehicle to be used for livery:

\_\_\_\_\_  
YEAR, MAKE AND VIN # OF VEHICLE

**INSURED BY:** \_\_\_\_\_  
NAME OF INSURANCE COMPANY

**AGENT:** \_\_\_\_\_  
NAME & ADDRESS OF INSURANCE AGENT

**EXPIRATION DATE:** \_\_\_\_\_  
DATE POLICY EXPIRES

**LIABILITY INSURANCE:** \_\_\_\_\_  
Amount of policy

**BODILY INJURY & PROPERTY DAMAGE:** \_\_\_\_\_  
Amount of Policy

**POLICY #:** \_\_\_\_\_

Also filed with this office is Power of Attorney appointing **Kelly Toohey**, Chief Fiscal Officer of the Town of Dover, acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy of bond filed in the Town of Dover in conjunction with such registration in accordance with N.J.S.A. 48:16-14.

Very truly yours,

\_\_\_\_\_  
Patrick Laverty, Licensing Inspector

DATE: \_\_\_\_\_

To: Licensing Inspector

I, \_\_\_\_\_, owner of  
PROPERTY OWNER'S FULL NAME

\_\_\_\_\_  
STREET ADDRESS, CITY, STATE, ZIP CODE

certify that the above mentioned property has a driveway and the following vehicle is authorized to use the driveway for storage purposes.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Property Owner's Telephone Number

\_\_\_\_\_  
Driver's name

\_\_\_\_\_  
Driver's Telephone Number

\_\_\_\_\_  
Vehicle Make, Model and Vehicle Identification Number

\_\_\_\_\_  
Year, Color and License Plate

State of New Jersey

County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for said county, personally appeared \_\_\_\_\_, (signer/witness) who has/have satisfactorily identified him/her/themselves as the signer(s) or witness(es) to the above referenced document.

(Affix Notary Stamp Here)

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

My Commission Expires: \_\_\_\_\_