

THE TOWNSHIP OF CRANBURY

23-A NORTH MAIN STREET
CRANBURY, NEW JERSEY 08512

609-395-0900 FAX 609-395-8861



DENISE MARABELLO, CMFO, CCFO
Township Administrator/Director of Finance
KATHLEEN R. CUNNINGHAM, R.M.C.,
Clerk/Assistant Administrator
JERRY THORNE, C.P.W.M.,
Public Works Manager

LIMOUSINE APPLICATION

BUSINESS MUST BE BASED IN CRANBURY TOWNSHIP

APPLICANT MUST SUBMIT THE FOLLOWING:

- Completed application
- Fee \$50.00
- **Insurance Policy for vehicles covered**
- **Certificate of Insurance in the amount of \$1,500,000 naming the Township Clerk as a party to be notified in the event the policy is terminated.**
- If the applicant is not the property owner of the actual place of operation he or she must submit written permission to park the vehicle(s) at the actual place of operation.
- If the applicant is the property owner of the actual place of operation, he or she must submit written permission from the Zoning Officer for vehicles to be parked at the premises.
- "Corp Code" # issued to owner of business by MVC must be furnished to Municipal Clerk at time application is submitted.
- Copy of New Jersey Business Registration Certificate

APPLICANT MUST SUBMIT THE FOLLOWING TO MVC:

- A POWER OF ATTORNEY naming the Director of the Motor Vehicles Commission As lawful attorney for the purpose of acknowledging service of any process out of a court...(CH. 356 PL 1999).
- **Certification for Registration (Provided by Clerk's Office)**

Upon approval a license is used with the following information typed on the front of the license:

Business telephone # of the limousine service
Make of Limousine
Model of Limousine
Color of Limousine
License Plate #
Insurance Carrier
Insurance Carrier Address
Insurance Carrier Telephone #
Policy #

License expires one (1) year minus one (1) day from the date of issuance.

TOWNSHIP OF CRANBURY
LIMOUSINE LICENSE APPLICATION

Date of Application _____ New ___ Renewal _____

INDIVIDUAL

CORPORATION

Name _____ Name _____

Address _____ Address _____

Municipality _____ Municipality _____

State _____ Zip Code _____ State _____ Zip Code _____

Phone # _____ Phone # _____

Date of Birth _____ Date of Birth _____

SS# _____ SS# _____

Actual Place of Operation: (Must be based in Cranbury Township)

Street Address _____ Block _____ Lot _____

Make of Vehicle _____ Model _____

Year _____ Body Type _____ Color _____

Serial (Vin) # _____

PLEASE NOTE: LICENSES WILL NOT BE ISSUED THE SAME DAY OF APPLICATION

I certify that I/we meet all the qualifications set forth in State Statute 185.1 et seq.

Applicant's Signature

For Official Use:

Fee Paid _____ Receipt # _____

Compliance Zoning: _____

Jeffrey Graydon
Zoning Officer

Approved _____ Denied _____ Date _____

Insurance Submitted to Township Clerk: Yes _____ No _____

Approved _____ Denied _____ Date _____

License # Issued _____