

**City of Lambertville**  
**Livery Licenses**  
**Application Fee: \$100 per carriage (max of 5)**

COMPANY NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF AUTHORIZED PERSON TO SIGN ON THE BEHALF OF THE COMPANY:

\_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

STATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE OF NEW JERSEY, MVC CORP CODE: \_\_\_\_\_

FEDERAL TAX ID NUMBER: \_\_\_\_\_

PRINCIPAL PLACE OF BUSINESS: \_\_\_\_\_

LOCATION OF VEHICLES: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ATTACHMENTS:**

- Copy of State of New Jersey Business Registration
- Copy of State of New Jersey Sales Tax Certificate
- Copy of Insurance Policy reflecting the names of the employees/drivers
- Fingerprinting Results of Drivers/Employees

<b>RESERVED FOR CLERK'S OFFICE DATE RECEIVED</b>		
<b>LICENSING OFFICIAL</b>		
<b>REVIEW DETERMINED</b>	<b>QUALIFIED</b>	<b>NOT QUALIFIED</b>



**LIVERY/CARRIAGE APPLICATION FORM**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN # \_\_\_\_\_ LICENSE # \_\_\_\_\_

COLOR \_\_\_\_\_ HOW LONG  
IN SERVICE \_\_\_\_\_

LOCATION WHERE VEHICLE  
CAN BE INSPECTED \_\_\_\_\_

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YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN # \_\_\_\_\_ LICENSE # \_\_\_\_\_

COLOR \_\_\_\_\_ HOW LONG  
IN SERVICE \_\_\_\_\_

LOCATION WHERE VEHICLE  
CAN BE INSPECTED \_\_\_\_\_

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YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN # \_\_\_\_\_ LICENSE # \_\_\_\_\_

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LOCATION WHERE VEHICLE  
CAN BE INSPECTED \_\_\_\_\_

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YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN # \_\_\_\_\_ LICENSE # \_\_\_\_\_

COLOR \_\_\_\_\_ HOW LONG  
IN SERVICE \_\_\_\_\_

LOCATION WHERE VEHICLE  
CAN BE INSPECTED \_\_\_\_\_

Attach a full copy of the current insurance policy which covers the period of time of the license.  
Both Liability and Personal Injury coverage must be provided.

Attach a copy of the driver's license and finger printing record of each operator, registration of each vehicle and any other papers that could be pertinent to prove your application.

Please note: the insurance policy must include each vehicle insured and the name and drivers' license number of all drivers.

I hereby certify that the information provided in this application is true and correct and that:

\_\_\_\_ I am a citizen of the United States or, if not, have declared my intention to become a citizen and that I am a person of good moral character and have not been convicted of any crime involving moral turpitude within the past ten years: or

\_\_\_\_ I represent a corporation that is incorporated or is duly authorized to do business under the laws of the State of New Jersey and that all members of this corporation or partnership are persons of good moral character and have not been convicted of any crime involving moral turpitude within the past ten years.

\_\_\_\_ I comply with all provisions of the State of New Jersey Statutes, including but not limited to title 48 and title 39.

\_\_\_\_ I am qualified to own and operate a Limousine Company with a registered business with the State of New Jersey, all information provided in this application is true and correct, and that I am fully insured.

\_\_\_\_\_  
Signature

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

Title with the Company: \_\_\_\_\_

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

POLICE DEPARTMENT COMMENTS AND APPROVAL:

OFFICER BADGE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

\_\_\_\_\_  
LICENSING AGENT FOR THE CITY OF LAMBERTVILLE:

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

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_