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LIMOUSINE OWNER APPLICATION

CITY OF ELIZABETH
DEPARTMENT OF NEIGHBORHOOD SERVICES
DIVISION OF CENTRAL LICENSING

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

ONE APPLICATION PER PERMIT/VEHICLE

For the purpose of this application, the definitions listed in Chapter 90 of the Code of the City of Elizabeth and in N.J.S.A. 48:16-13, et seq. will prevail.

Fee amount: _____ Cash Check (Check # _____) Money Order

PLEASE ATTACH INSURANCE POLICY AS REQUIRED UNDER CHAPTER 90-6 OF THE CODE OF THE CITY OF ELIZABETH AND N.J.S.A. 48:16-13, ET SEQ.

PLEASE PRINT OR TYPE

1. DATE: _____
2. PERMIT NUMBER: _____
3. NAME OF INDIVIDUAL COMPLETING AND SIGNING THIS APPLICATION AND RELATION TO PERMIT (i.e. permit owner, president of corporation, etc.)

4. NAME OF THE OWNER OF THE PERMIT; WHETHER INDIVIDUAL OR ENTITY, CORPORATION OR PARTNERSHIP:

5. TRADE NAME OF INDIVIDUAL OR ENTITY, CORPORATION OR PARTNERSHIP WHO OWNS THE PERMIT:

6. ADDRESS OF PRINCIPAL PLACE IN BUSINESS:

7. CITY: _____ STATE: _____ ZIP CODE: _____
8. COUNTRY OF CITIZENSHIP: _____
9. DATE OF BIRTH: _____

10. SOCIAL SECURITY NUMBER: _____

11. TELEPHONE NUMBER: _____

12. DRIVER'S LICENSE NUMBER: _____

13. IF ENTITY, CORPORATION OR PARTNERSHIP, PLEASE LIST ALL PRINCIPALS, MEMBERS AND SHAREHOLDERS (INCLUDE SILENT PARTNERS) WITH ADDRESSES. INCLUDE A COPY OF CORPORATE RESOLUTION AND CORPORATION IDENTIFICATION NUMBER:

(ANY CHANGES IN CORPORATION MEMBERSHIP OR STRUCTURE MUST BE REPORTED TO THE DIVISION OF CENTRAL LICENSE WITHIN FORTY EIGHT (48) HOURS AND A NEW APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY MUST BE COMPLETED FOR EACH PERMIT/VEHICLE. FAILURE TO REPORT CORPORATE CHANGES MAY RESULT IN SUSPENSION OF PERMIT OWNERSHIP PRIVILEGES.)

The principal stockholders are as follows (to total 100%):

<u>NAME</u>	<u>ADDRESS</u>	<u>% OF STOCK</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of employees, drivers and dispatchers employed by permit owner (please list name position within entity, corporation or partnership and limo driver's license and New Jersey driver's license if applicable):

14. DOES THE PERMIT OWNER HAVE ANY UNPAID JUDGMENTS AGAINST HIM/HER? PLEASE LIST IN DETAIL THE NATURE OF THE TRANSACTION GIVING RISE TO SAID JUDGEMENTS:

15. PLEASE LIST THE TOTAL NUMBER OF YEARS IN WHAT CAPACITY THE APPLICANT HAS BEEN INVOLVED IN THE TRANSPORTATION BUSINESS:

16. OTHER THAN THE PERMIT APPLIED FOR HEREUNDER, DO YOU OR DOES THE CORPORATION, ENTITY OR PARTNERSHIP THAT OWNS THIS PERMIT HAVE ANY INTEREST IN ANOTHER ENTITY, CORPORATION OR PARTNERSHIP THAT PRESENTLY OWNS A CITY OF ELIZABETH AIRPORT NECESSITY AND PERMIT AND/OR LIMOUSINE CERTIFICATE OF PUBLIC CONVENIENCE OR NECESSITY AND PERMIT? _____

IF YES, PLEASE PROVIDE NAME AND PERIOD OF TIME THAT ENTITY HAS OWNED PERMIT(S) : _____

VEHICLE INFORMATION:

ONE VEHICLE PER APPLICATION/PERMIT

YEAR	MAKE	MODEL	VIN#	PLATE#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AT WHAT OFF-STREET ADDRESS IS THIS VEHICLE STORED (must be in the City of Elizabeth)? _____

_____ I certify that the foregoing statements made by me in this application are true. I am aware that if any of the foregoing statements made by me are willfully false, this application will be invalidated, I will lose my right to obtain permit and I am subject to punishment under law.

Signature of Applicant

Sworn and subscribed before me
This _____ day of _____, 2008.

Notary Public