# **ADDITIONAL VEHICLES**

## **TOWNSHIP OF EAST WINDSOR**

### MERCER COUNTY, NEW JERSEY

#### APPLICATION FOR TAXI CAB OR LIMOUSINE <u>OWNER'S</u> LICENSE (Please circle one)

Name of Taxi Cab or Limousine Company:

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

Owner, Owners or Corporation, Name of Applicant:

Corporation/Partnership/Individual Permanent Address:

Telephone Number with area code:

If applicant is a corporation, give name and address of registered agent (if applicant is a partnership, give names and addresses of all partners:

## DESCRIPTION OF TAXI CAB OR LIMOUSINE: (if more than one (1) vehicle is owned, give the following information on a separate sheet of paper for each and attach hereto)

Year, Make and Model of Vehicle:\_\_\_\_\_

Serial Number (VIN):\_\_\_\_\_

License Plate #:\_\_\_\_\_

Seating Capacity:\_\_\_\_\_

This Application must be accompanied by a copy of the vehicle(s) registration and Certificate of Sale and/or Title of Vehicle and an <u>ORIGINAL</u> certificate of insurance for each taxi or limousine.

S	i	gnature	:	

# FOR OFFICIAL USE BY EAST WINDSOR TOWNSHIP OFFICIALS:

Date Application Filed:\_\_\_\_\_

# **POLICE RECOMMENDATIONS:**

Date:	Approved:	Denied:	
Signature of Chief of Polic	e:		
License Number Issued:			
\$10.00 Tag Transfe	ter to Motor Vehicle	er application)	
Total Paid:	_ Date:	Type of Payment:	