

Town of Westfield

425 East Broad Street * Westfield, NJ 07090 * (908) 789-4033 * Fax (908) 928-9316

LIMOUSINE LICENSE APPLICATION

NEW ___ RENEWAL ___

LEGAL NAME OF INDIVIDUAL _____

HOME ADDRESS _____ PHONE # (_____) _____ - _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER'S LICENSE # _____

DATE OF BIRTH ____/____/____ BIRTHPLACE _____

US CITIZEN? _____ LENGTH OF RESIDENCE IN NJ _____

PREVIOUS ADDRESS _____

CORPORATE OWNER OF VEHICLE _____

BUSINESS ADDRESS _____ PHONE #(_____) _____ - _____

COMPLETE INDIVIDUAL DATA FOR PRESIDENT & SECRETARY ON PAGE TWO.

MAKE _____ MODEL _____ YEAR _____

VIN # _____ LIC PLATE # _____ REG EXP _____

INSURANCE COMPANY _____

POLICY # _____ EXPIRATION DATE _____

INSURANCE AGENT _____

ADDRESS _____ PHONE #(_____) _____ - _____

MINIMUM LIMIT FOR EACH ACCIDENT: INJURY TO ONE INDIVIDUAL \$ _____

ALL PERSONS INJURED \$ _____ PROPERTY DAMAGE \$ _____

Signature

Date

PRESIDENT:

LEGAL NAME _____

HOME ADDRESS _____ PHONE # (_____) _____ - _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER'S LICENSE # _____

DATE OF BIRTH ____/____/____ BIRTHPLACE _____

US CITIZEN? _____ LENGTH OF RESIDENCE IN NJ _____

PREVIOUS ADDRESS _____

SECRETARY:

LEGAL NAME _____

HOME ADDRESS _____ PHONE # (_____) _____ - _____

SOCIAL SECURITY # _____ - _____ - _____ DRIVER'S LICENSE # _____

DATE OF BIRTH ____/____/____ BIRTHPLACE _____

US CITIZEN? _____ LENGTH OF RESIDENCE IN NJ _____

PREVIOUS ADDRESS _____

FOR OFFICE USE ONLY

The foregoing application was filed together with the fee of **\$50.00** in the office of the Municipal Clerk

on _____, _____.

Check _____ Cash _____ MO _____

License # _____ Cert of Ins. # _____

Police Dept. Criminal Record Check Results:

Date: _____ Approved: _____ Denied: _____

Comments: _____