



STEVEN M. FULOP  
MAYOR

**HOUSING, ECONOMIC DEVELOPMENT & COMMERCE**  
DIVISION OF COMMERCE  
4 Jackson Square, Jersey City, NJ 07305  
Telephone # 201-547-5139  
commerce@jcnj.org

ANNISIA CIALONE  
DEPARTMENT DIRECTOR

MAYNARD WOODSON  
DIVISION DIRECTOR

**LIMOUSINE LICENSE RENEWAL APPLICATION**  
**LICENSE TERM APRIL 1, 2022 - MARCH 31, 2023**

License # \_\_\_\_\_

**Administrative Fee \$500 Per Corporation Code License Fee \$50.00 Initial Vehicle  
\$10.00 for each Additional Vehicle**

Limousine License Number: \_\_\_\_\_ Corporation Code Number: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_ Agent or Contact Person: \_\_\_\_\_  
(Must be a Jersey City Address)

Location where Limousine is stored when not in use: \_\_\_\_\_

**Dispatch Company Information:** (Attach a copy of your Trade Certificate)

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

Telephone number: \_\_\_\_\_

**Owner Information:**

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

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ New Jersey Tax ID Number: \_\_\_\_\_

**Check one  Business  Corporation  Partnership  Sole Ownership**

If the business is a corporation: Incorporation date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Incorporation: \_\_\_\_\_  
(Attach a copy of the Corporation Papers or Corporation Partnership if one is not already on file)

Number of Limousine Licenses you have licensed by the City of Jersey City: \_\_\_\_\_

**Name(s) of Limousine Driver(s):** (Attach Copy of Driver Qualification Certification for Each Driver Listed Below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLE INFORMATION (ADDITIONAL VEHICLES CAN BE LISTED ON ATTACHED SHEET)

<u>NUMBER</u>	<u>YEAR</u>	<u>MILEAGE</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>VIN. NUMBER</u>
-----]	-----]	-----]	-----]	-----]	-----]	-----]
-----]	-----]	-----]	-----]	-----]	-----]	-----]
-----]	-----]	-----]	-----]	-----]	-----]	-----]

Please read and answer all questions listed below:

Are you a United States Citizen?  Yes  No

If yes, provide proof, for example: Birth certificate, Social Security Card or U.S. Passport

If Naturalized, Date of Naturalization: \_\_\_\_\_ (Provide Copy of Certificate of Naturalization)

Petition number: \_\_\_\_\_ Court where granted: \_\_\_\_\_

Country of birth: \_\_\_\_\_

If not a U.S. Citizen, provide Permanent Resident Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Have you or any stockholder, partner or director of the company for which this application is being submitted been arrested since your last application?  Yes  No

Convicted of a crime since your last application?  Yes  No

If yes, Date(s) of Conviction(s): \_\_\_\_\_ Nature of offense: \_\_\_\_\_

If on probation or parole, Name of Parole Officer: \_\_\_\_\_

Parole officer's telephone number: \_\_\_\_\_

**(Copy of disposition of all charges must be submitted to this office)**

Has the applicant or any partners, or stockholder owning 10% or greater interest in this license application ever had a Taxi or Limousine license suspended, not renewed, revoked or cancelled in the State of New Jersey within five years prior to the date of this application?  Yes  No

**If yes complete below**

Name of individual: \_\_\_\_\_ Date of action: \_\_\_\_\_

Type of Action/Reason for Action: \_\_\_\_\_

Action imposed by: \_\_\_\_\_ Identify the local issuing authority

**Liability insurance information**

Name of Agent/Broker/Company issuing policy: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Business address (no post office boxes): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ NJ Insurance Company Number: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Insurance Company Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Person Completing the Application: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position within The Company: \_\_\_\_\_

State of New Jersey

SS.

County of Hudson

I, \_\_\_\_\_ being duly sworn to law upon oath, deposes and says that I am the applicant named and that the answers to the questions stated on this application are true and complete.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DENIED \_\_\_\_\_ APPROVED \_\_\_\_\_ AMOUNT \_\_\_\_\_ CHECK/MONEY ORDER # \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_