

\$50.00 non-refundable application fee paid: YES / NO

CASH or Check made payable to:

Mount Olive Township

DATE PAID _____

Location approved by Zoning Y / N

Proof of approval or denial attached

Taxes / Assessments paid up to date Y / N

Proof of approval or denial attached

Amount Of Cars Allowed By Zoning _____

**MOUNT OLIVE TOWNSHIP
LIMOUSINE / LIVERY SERVICE APPLICATION
YEAR _____**

Name of Company: _____

Business Address/Physical Location: – (Location must be approved by Zoning Department)

Business Mailing address: _____

Business Phone: _____

Name and Home/Mailing Address of Owners:

Signature: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Corp Code: (Obtained through Motor Vehicle) _____

DMV Letter of Qualification: (needed for applicant and each driver from Motor Vehicle)

Insurance Certificate & Policy: _____

Certificate of Insurance must accompany this application and Actual Insurance Policy must be presented to the Clerk's Office – Insurance Policy should list additionally insured as Township.

MAKE AND MODEL OF VEHICLES

Include Plate # and VIN # of each vehicle

_____ plate no. _____

VIN # _____

_____ plate no. _____

VIN # _____

_____ plate no. _____

VIN # _____

LIST ALL DRIVERS NAMES

INCLUDE LICENSE #

- **COPY OF LICENSE NEEDED FOR EACH DRIVER**

_____ Lic. no. _____

_____ Lic. no. _____

_____ Lic. no. _____

_____ Lic. no. _____

_____ Lic. no. _____

_____ Lic. no. _____

_____ Lic. no. _____

_____ Lic. no. _____