

APPLICATION FOR LIMOUSINE  
CERTIFICATE OF COMPLIANCE

**SECTION I**

**BUSINESS INFO: (PLEASE PRINT)**

BUSINESS NAME

BUSINESS ADDRESS

CITY STATE ZIP CODE ( ) BUS. PHONE NO.

**SECTION II**

**INDIVIDUAL OWNERSHIP INFORMATION (USE SPACE BELOW FOR CORPORATION/PARTNER APPLICATION)**

LAST NAME

HOME ADDRESS

CITY STATE ZIP CODE ( ) HOME PHONE NO.

BUSINESS PHONE NO. SOCIAL SECURITY NO. BIRTH DATE

**SECTION III**

**(COMPLETE ONLY IF APPLICATION IS MADE IN THE NAME OF PARTNERSHIP OR CORPORATION)**

PARTNERSHIP/CORPORATION NAME \_\_\_\_\_

NAME, ADDRESS, SOCIAL SECURITY NO., DATE OF BIRTH OF PARTNERS OR CORP.  
SHAREHOLDERS OF 10% OR GREATER INTEREST

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

**SECTION IV**

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LOCATION OF VEHICLE (S)

\_\_\_\_\_

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LOCATION IS (CHECK ONE)        OWNED BY APPLICANT                        LEASED (PROVIDE COPY OF AGREEMENT)

TOTAL NUMBER OF VEHICLES TO BE STORED AT THIS LOCATION \_\_\_\_\_

**SECTION V**

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**THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:**

- 1. INSURANCE POLICY IN THE AMOUNT OF \$1,500,000 AGAINST LOSS BY REASON OF LIABILITY FOR DAMAGES OF BODILY INJURY OR DEATH AS THE RESULT OF AN ACCIDENT**
- 2. COPY OF COMPLETED POWER OF ATTORNEY WITH THE DIVISION OF MOTOR VEHICLES**
- 3. COPY OF VEHICLE REGISTRATION APPLICATION ISSUED BY THE NEW JERSEY DIVISION OF MOTOR VEHICLES**

**I, THE APPLICANT, DO HEREBY CERTIFY AND ATTEST THAT THE FACTS PROVIDED BY ME ON THIS APPLICATION ARE TRUE AND CORRECT.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE