



Township Clerk's Office
455 Hoes Lane
Piscataway, NJ 08854
Phone: (732) 562-2310

- Limousine Application Checklist
- No fee
- Clear copy of valid driver's license
- Completed & Notarized Power of Attorney form
- Completed and Notarized Affidavit (either home OR business)
- Insurance policy with Township of Piscataway listed as additional insured
 - Insurance **MUST BE** in the amount of 1.5 million dollars
- Copy of Declaration pages of Insurance policy
- Copy Insurance certificate listing insured with a Piscataway address **AND** the Township of Piscataway as a Certificate Holder

Attorney review can take up to 3 weeks for approval/denial



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Limousine License Application – Business Address Affidavit

I, _____, owner of _____,
am seeking to use the business address of _____,
located in Piscataway, New Jersey, Middlesex County, for the purposes of receiving mail only. I
understand the property is located in a zone that does not permit the operation of a limousine
business.

I specifically represent to Piscataway Township the following:

1. My business located at the address listed above **will not** be used as a business location that welcomes and/or permits customers, or accepts any deliveries.
2. No limousines of any kind will be parked at the address listed above at any time.

Applicant email address

Application telephone number

Applicant signature

Date

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public signature

Affix Notary Stamp here



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Limousine License Application – Home Address Affidavit

I, _____, owner of _____,
am seeking to use the home address of _____,
located in Piscataway, New Jersey, Middlesex County, for the purposes of receiving mail only. I
understand the property is located in a zone that does not permit the operation of a limousine
business.

I specifically represent to Piscataway Township the following:

1. My home located at the address listed above **will not** be used as a business location that welcomes and/or permits customers, or accepts any deliveries.
2. No limousines of any kind will be parked at the address listed above at any time.

Applicant email address

Application telephone number

Applicant signature

Date

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public signature

Affix Notary Stamp here



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Limousine License Application - POWER OF ATTORNEY

I, _____ of _____,
(Print full name) (Print company name)

hereby issue to the Director of the Division of Motor Vehicle "Power of Attorney" for the acceptance of service of process.

Applicant Signature

Witness Signature

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public signature

Affix Notary Stamp here