



**TOWNSHIP OF EVESHAM  
APPLICATION FOR LIMOUSINE LICENSE**

**DATE:** \_\_\_\_\_

**NAME OF COMPANY:** \_\_\_\_\_

**REGISTERED AGENT:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**OWNER'S RESIDENCE ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PRINCIPAL BUSINESS ADDRESS:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**EFFECTIVE DATES:** \_\_\_\_\_

*Please attach copy of current insurance certificate*

**LIMOUSINES TO BE LICENSED**

<b>YEAR</b>	<b>MAKE/MODEL</b>	<b>VIN NUMBER</b>	<b>LICENSE PLATE</b>	<b>SEATING CAPACITY</b>

**APPLICATION ATTACHMENTS**

- Certificate of Liability Insurance
  - \$1,500,000 minimum liability
  - Listing all vehicles
  - Showing Township of Evesham as additional insured
  
- Certificate of Continued Occupancy
  
- Evidence of Compliance with the Land Use Regulations of the Township of Evesham  
*(Businesses intending to operate as a home occupation)*
  
- List of drivers and owners, including copies of driver's license.
  
- New Jersey Business Registration Certificate
  
- Background Investigation Material

**Office Use**

Fees:

License Fee: \_\_\_\_\_  Check       Cash  
\$50.00 annually

Vehicle Fee: \_\_\_\_\_  Check       Cash  
\$50.00 per vehicle

Paid Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

**Background Investigation:**

Submitted Date: \_\_\_\_\_

Approval Date: \_\_\_\_\_

License Issue Date: \_\_\_\_\_

License Number: \_\_\_\_\_