

Taxi/Limousine Owner Application Township of Fredon

This application must be filed and accompanied by:

- ☐ Certificate of Insurance for each vehicle
- ☐ List of the cars that will be utilized
- ☐ Provide copies of driver licenses
- ☐ Provide copies of registrations
- ☐ Provide copy of certificate page of insurance
- ☐ Submit check for \$50.00

NEW APPLICATION:_____ RENEWAL:_____

TOWNSHIP OF FREDON
20____

TAXI / LIMOUSINE
(Circle One)

OWNER APPLICATION

Name of Taxi Cab or Limousine Company _____

Corporation Name of Company_____

Corp Code _____

Corporation/Partnership/Individual Permanent Address_____

Block _____, Lot _____

Total Number of Vehicles Owned by the Company_____

Telephone Number with area code: _____

Facsimile Number with area code: _____

E-Mail Address: _____

Number of Locations:_____

Address of Other Location(s):_____

Days/Hours of Taxi/Limousine Operation: _____

If applicant is a corporation, give name and address of registered agent (if applicant is a partnership, give names and addresses of all partners:_____

Date: _____

This is to certify that _____ has presented proof of
Name & Address of Applicant
insurance for the following vehicle to be used for livery:

Description of Vehicles to be used for livery (if more than 3 list information on a separate page)

VEHICLE 1

Year, Make and VIN# of Vehicle

License Plate # _____

VEHICLE 2

Year, Make and VIN# of Vehicle

License Plate # _____

VEHICLE 3

Year, Make and VIN# of Vehicle

License Plate # _____

Insured by: _____
Name of Insurance Company

Agent: _____
Name & Address of Insurance Agent

Expiration Date: _____
Date Policy Expires

Liability Insurance: _____
Amount of Policy

Bodily Injury & Property Damage: _____
Amount of Policy

Policy Number: _____

Also filed with this office is Power of Attorney appointing _____, Chief Fiscal Officer of the Township of Fredon, and his/her successor in such office, for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy of bond filed in the Township of Fredon in conjunction with such registration in accordance with N.J.S.A. 48:16-14.

Very truly yours,

Municipal Clerk

POWER OF ATTORNEY

I, _____, the undersigned affirm that, for the purpose of complying with the laws of New Jersey relating to the registration of vehicles in said State, hereby irrevocably appoints _____ the Chief Fiscal Officer of the Township of Fredon, and his/her successor in such office, its true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy or bond filed with the Township of Fredon in conjunction with such registration in accordance with NJSA 48:16-14.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to: TOWNSHIP OF FREDON
MUNICIPAL CLERK 443 ROUTE 94 NEWTON, NJ 07860

Date

Signature – Title

Business Address

Business Name

City, State, Zip Code

NOTARY CERTIFICATE

State of New Jersey
County of Sussex

Sworn and subscribed before me on this _____ day of _____, 20____, before me personally appeared _____, who I am satisfied the person named in the above corporation and that _____ as such officer being authorized to execute the foregoing instrument for the purposed herein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunder set my hand the official seal.

Notary Public

My commission Expires _____