



# Borough of Hillsdale

380 Hillsdale Avenue • Hillsdale, New Jersey 07642-2794  
201-666-4800 • Fax: 201-358-5002 • www.hillsdalenj.org  
Denise Kohan, Municipal Clerk

## APPLICATION FOR TAXICAB/ LIMOUSINE OWNER'S LICENSE

RENEWAL                       NEW                       REPLACEMENT\*

\*If replacement, provide Vin Number of vehicle being removed \_\_\_\_\_

**A Taxicab/Limousine Owner's License does not entitle owner to drive a vehicle without also obtaining a Taxicab/Limousine Driver's License. This application must be filled out for every taxicab/limousine applied for.**

Date: \_\_\_\_\_ Company Name/Owner: \_\_\_\_\_

Address: \_\_\_\_\_, the

**Undersigned, hereby applies to the Borough of Hillsdale for a license to operate a public taxicab/limousine as desired below within the Borough of Hillsdale.**

The following questions MUST be answered:                      Home Phone: \_\_\_\_\_

Are you legally eligible to work in the U.S.    Yes    No                      Business Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_                      Fax No: \_\_\_\_\_

\_\_\_\_\_ Email address: \_\_\_\_\_

**ATTACH IDENTIFICATION OF PROOF THAT YOU ARE AT LEAST 21 YEARS OF AGE**

**If partnership, the following questions must be answered:**

Give Firm name: \_\_\_\_\_

Office location: \_\_\_\_\_

Give name and address(s) of partner (s):

\_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ residing at \_\_\_\_\_

**If Corporation or Limited Liability Company, the following questions MUST be answered:**

Registered Office Address: \_\_\_\_\_

In what state incorporated: \_\_\_\_\_ NJ Corporation Number \_\_\_\_\_

EIN: \_\_\_\_\_

**Vehicle Information:**

Give address where vehicles will be kept: \_\_\_\_\_

Have you complied with the provisions of Section 6 of an “an ordinance to regulate and license taxicabs/limousines and the owners and operators thereof, “1946, in regard to insurance for this vehicle? YES  NO

Name of Insurance Company and Agent: \_\_\_\_\_

What is the type of vehicle to be licensed:  Cab  Limousine

Make of vehicle \_\_\_\_\_ Vehicle Year \_\_\_\_\_

Vehicle type: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Vin #: \_\_\_\_\_ Do you own or lease said vehicle? \_\_\_\_\_

**APPLICATION MUST BE NOTARIZED ON NEXT PAGE**

State of New Jersey  
Borough of Hillsdale  
County of Bergen

SS:

\_\_\_\_\_ being duly sworn, disposed and says that

\_\_\_\_\_ is the individual making the foregoing application for a Taxicab/Limousine License, that the answers to foregoing questions and other statements contained therein are true of his knowledge and belief, and that he will report in writing to the Licensing Division any address change that may occur while this license remains in force and the he will not permit the operation of said vehicles, except by a duly licensed driver and he signed the forgoing application for and on behalf of the said \_\_\_\_\_.

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC, NEW JERSEY  
(SEAL) MY COMMISSION EXPIRES \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**OFFICE OF THE BOROUGH CLERK – BOROUGH OF HILLSDALE**

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

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

License number issued: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

\_\_\_\_\_  
Denise Kohan, Borough Clerk

CODE 14: POWER OF ATTORNEY

I appoint the Director of the Division of Motor Vehicles my true and lawful attorney for the acceptance of service in order to process work for:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Make: \_\_\_\_\_

\_\_\_\_\_ VIN #: \_\_\_\_\_

Owner's Signature \_\_\_\_\_

A copy of the municipal license or certificate issued by the municipality where the service is principally located must be provided.

**\*PROOF OF LIABILITY COVERAGE  
MUST BE FOR \$1.5 MILLION – MUST HAVE A POLICY NO  
CERTIFICATES OF INSURANCE WILL BE ACCEPTED\*\***

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,

Before me personally appeared \_\_\_\_\_

Who I am satisfied is/is not (circle one) the person named in the above corporation and that \_\_\_\_\_

\_\_\_\_\_ as such Officer being authorized to execute the foregoing instrument for the purpose 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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



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## **Taxicab/Limousine Driver's License (One must be filled out for each driver)**

Ordinance No. 86-14

I hereby furnish the Borough of Hillsdale with the following information with regard to the limousine service I propose to conduct in the Borough:

Name of Owner of Vehicle: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Vehicle(s) to be housed at the following address: \_\_\_\_\_

Description of Vehicle to be Used:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

VIN# \_\_\_\_\_ Plate #: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Name of Driver/Employee: \_\_\_\_\_

Address:  
\_\_\_\_\_

Drivers License# (copy attached) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Have you (the applicant) ever been convicted of a crime:  Yes  No

If the box is checked yes, please provide a complete statement concerning dates and disposition thereof. In the case of a corporate applicant, the statement shall be completed as to each officer, director or shareholder having an ownership interest of more than 10% in the entity.

Any person, firm or corporation who shall violate any of the provisions of this chapter shall be punishable as provided in Chapter 226, Penalties.

\_\_\_\_\_  
Signature/Vehicle Owner  
owner)

\_\_\_\_\_  
Signature of Business Owner (If not vehicle

Tel # \_\_\_\_\_ Tel# \_\_\_\_\_

Fee: \$50.00 for the service and \$10.00 per car payable to Borough of Hillsdale Check # \_\_\_\_\_ Cash

*A copy of the Vehicle Registration must be provided within three business days from issuance of the Certificate-  
Until this is received, no notification will be sent to the Director of the Division of Motor Vehicles.*

APPROVED:  DENIED:  Denise Kohan, RMC \_\_\_\_\_ DATE: \_\_\_\_\_