

TAXI/LIMO APPLICATION CHECKLIST

_____ Application Notarized

_____ DMV Coupon (provided by Clerk's Office)

_____ Copy of Vehicle Title

_____ DMV Inspection Report

_____ Vehicle Registration

_____ Full Copy of Certificate of Liability

_____ Payment to Town of Dover

- TAXI \$250.00 (up to 5 passengers)
- TAXI \$350.00 (6 or more passengers)
- LIMO \$50.00

Renewal _____

New _____

Replacement _____

LISTA DE VERIFICACIÓN DE SOLICITUD DE TAXI/LIMUSINA

_____ Solicitud notariada

_____ Cupón del DMV (proporcionado por la Oficina del Secretario)

_____ Copia del título del vehículo

_____ Informe de inspección del DMV

_____ Matrículas

_____ Copia completa del certificado de responsabilidad

_____ Pago a la ciudad de Dover

- TAXI \$250.00 (hasta 5 pasajeros)

- TAXI \$350.00 (6 o más pasajeros)

- LIMUSINA \$50.00

Renovación _____

Inicial _____

Reemplazo _____



- ☐ RENEWAL
☐ NEW
☐ REPLACEMENT

APPLICATION FOR TAXICAB/LIMOUSINE OWNER'S LICENSE

PROVIDE VIN OF VEHICLE BEING REMOVED FOR REPLACEMENT _____

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 each and every taxicab/limousine applied for:

Date: _____

Company Name/Owner: _____, the undersigned, hereby

Address: _____ applies to the Town of Dover for a license to operate a public taxicab/limousine as desired below within the Town of Dover.

The following questions **MUST** be answered:

Are you legally eligible to work in the United States? ☐ YES ☐ NO

Home Phone _____

Business Phone _____

Residential Address: _____ Fax No. _____

e-mail 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 of partners:

_____ 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:

1. Give address where vehicles will be kept: _____

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

3. Name of Insurance Company and Agent _____

4. What is the type of vehicle to be licensed: ☐ Cab ☐ Limousine 5. Make of Vehicle _____

6. Vehicle Year _____ 7. Vehicle Type _____ 8. Vehicle Color _____

9. Serial/Vin No. _____ 10. Do you the own or lease said vehicle? ☐ Own ☐ Lease

11. Seating Capacity _____ 12. Distinguishing marks, if any _____

APPLICATION MUST BE NOTARIZED ON BACK

State of New Jersey
Town of Dover
County of Morris

SS:

_____ being duly sworn, disposes 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 of
address change that may occur while this license remains in force and that 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** _____ / _____ / _____

LICENSING DIVISION-----TOWN OF DOVER

This is to certify, that the Licensing Division inspected the vehicle mentioned in this application owned by _____
_____ on _____ / _____ / _____ State License number _____

This vehicle is in conformance with the standards established in the Code of Dover, Chapter 349.10 et seq.

The qualifications of the applicant as a taxicab/limousine owner have been investigated and it is hereby recommended that a license be
issued.

Licensing Division

OFFICE OF THE MUNICIPAL CLERK-----TOWN OF DOVER

Date _____

Name of Applicant _____

Address _____

License number issued _____ **Fee Paid** _____

Municipal Clerk

POWER OF ATTORNEY

That the undersigned, _____
For the purpose of complying with the laws of New Jersey relating to Registration of
Taxi Cabs/Limousine vehicles in said state hereby; irrevocably appoints **Thomas Ferry**,
Chief Fiscal Officer of the Town of Dover and his/her successor in such office, its true
and lawful attorney for the purpose of acknowledging service of any process out of 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 Town of Dover, in conjunction
with such registration in accordance with N.J.S.A. 48:16-14.

It is requested that a copy of any notice, process or pleading served, thereunder be mailed
to:

Name: _____ Date: _____

Company: _____ Year: _____

Address: _____ Make: _____

_____ VIN #: _____

Signature: _____

(Vehicle information is requested to attach Power of Attorney to each application for
licensing.)

CORPORATE ACKNOWLEDGEMENT

State of New Jersey

County of Morris

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 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 _____ / _____ / _____

MAYOR JAMES P. DODD
(973) 366-2200 Ext. 1144
E-mail: jdodd@dover.nj.us

BETTYLOU DECROCE
Business Administrator
(973) 366-2200 Ext. 1127
E-mail: bdecroce@dover.nj.us

Website: dover.nj.us
FAX: (973) 328-6524

TOWN OF DOVER
Municipal Clerk's Office



37 NORTH SUSSEX STREET
DOVER, N.J. 07801

Council Members:
GEOVANI ESTACIO
SERGIO RODRIGUEZ
KAROL RUIZ
ARTURO SANTANA
MICHAEL SCARNEO
MARCO TAPIA
CLAUDIA P. TORO
SANDRA WITTNER

TARA M. PETTONI, RMC
Municipal Clerk
973-366-2200 Ext. 1128
E-mail: tpettoni@dover.nj.us

Date: _____

TO WHOM IT MAY CONCERN:

This is to certify that _____ has
NAME & ADDRESS OF APPLICANT

presented proof of insurance for the following vehicle to be used for livery:

YEAR, MAKE AND VIN # OF VEHICLE

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 #: _____

Also filed with this office is Power of Attorney appointing **Thomas Ferry**, Chief Fiscal Officer of the Town of Dover, 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 Town of Dover in conjunction with such registration in accordance with N.J.S.A. 48:16-14.

Sincerely,

Tara M. Pettoni, RMC
Municipal Clerk

MAYOR JAMES P. DODD
(973) 366-2200 Ext. 1144
E-mail: jdodd@dover.nj.us

BETTYLOU DECROCE
Business Administrator
(973) 366-2200 Ext. 1127
E-mail: bdecroce@dover.nj.us

Website: dover.nj.us
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E-mail: tpettoni@dover.nj.us

To: Clerk's Office

I, _____, owner
PROPERTY OWNER'S FULL NAME

STREET ADDRESS, CITY, STATE, ZIP CODE

certify that the above-mentioned property has a driveway, and the following vehicle is authorized to use the driveway for storage purposes.

Signature of Property Owner

Date

Property Owner's Telephone Number

Driver's Name

Driver's Telephone Number

Vehicle Make, Model and Vehicle Identification Number

Year, Color and License Plate

State of New Jersey

County of _____

On _____, 20____ before me, _____,

Notary Public in and for said county, personally appeared _____,

(signer/witness) who has/have satisfactorily identified him/her/themselves as the signer(s) or witness(es) to the above referenced document.

Notary Public Signature

(Affix Notary Stamp Here)