



# LIMOUSINE LICENSE

OFFICE OF THE BOROUGH CLERK  
15 MOUNTAIN BLVD | WATCHUNG, NJ 07069  
Office: (908) 756-0080

## INSTRUCTIONS

APPLICATION TO BE FILLED OUT FOR EACH DRIVER PER BOROUGH CODE:  
[§ 11-7. TAXICABS AND LIVERIES](#)

**BEFORE A LICENSE IS ISSUED:**

- **MUST HAVE POWER OF ATTORNEY NOTARIZED**
- **COPY OF CURRENT INSURANCE POLICY WITH BOROUGH NAMED AS ADDITIONALLY INSURED ON CERTIFICATE OF INSURANCE (\$1.5m)**
- **CERTIFICATE OF COMPLIANCE APPLICATION FEE - \$50.00 (YEARLY)**
  - \$10.00 per additional limo
  - Note all licenses terminate on December 31<sup>st</sup>
- **MUST OBTAIN FINGERPRINT REPORT FOR ALL DRIVERS \*\* (SEE BACKGROUND CHECK INFO PAGE)**

**CERTIFICATE SHALL BE POSTED IN A PROMINENT PLACE  
IN THE VEHICLE**



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**PLEASE FILL OUT ONE (1) APPLICATION PER VEHICLE**  
**FEE DUE: \$50.00/ \$10 additional vehicles**  
**EXPIRATION DATE: DECEMBER 31<sup>ST</sup>**

## OWNER OF VEHICLE(S):

Applicant Name/Address: \_\_\_\_\_

Operating As: \_\_\_\_\_  
(Business/ Corporation Name)

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

Address where vehicle(s) will be garaged if other than above:  
\_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DESCRIPTION OF VEHICLE(S):

Model	Make	Year	License Plate	VIN #

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

## DESCRIPTION OF DRIVER(S):

Name	Address	Driver's License #	Expiration Date

As the applicant, I acknowledge that I have:

- Reviewed the requirements listed under the Borough's Code: [§ 11-7. TAXICABS AND LIVERIES](#)
- Included a copy of the appropriate insurance certificate (\$1.5M)
- Included a copy of ALL drivers' licenses
- Submitted fingerprint checks for all drivers

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

\_\_\_\_\_  
Applicant Signature



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## POWER OF ATTORNEY, N.J.S.A. 48:16-16 & §11-7.5 (MUST BE NOTARIZED)

BE IT KNOWN that I, \_\_\_\_\_ of  
(Print full name)

\_\_\_\_\_ in accordance with the requirements of  
(Print company name)

N.J.S.A. 48:16-16, do hereby appoint the Director of the Division of Motor Vehicles as my true and lawful attorney for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against me by virtue of the indemnity granted under the insurance policy filed herewith.

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

Applicant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**SWORN TO AND SUBSCRIBED**

**BEFORE ME ON THIS \_\_\_ DAY OF \_\_\_\_\_,**

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary Public Commission Exp (or stamp)

# BOROUGH OF WATCHUNG



## CONSENT TO CHECK BACKGROUND AND MOTOR VEHICLE DRIVER'S LICENSE STATUS AND HISTORY

Applicant's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

I, the undersigned, hereby authorize the Borough of Watchung and its designated agents and representatives to conduct a comprehensive background check as part of my application for a Borough Permit or License. This background check may include, but is not limited to, a review of my motor vehicle driver's license status and history & my criminal history, if any.

I understand that this check will involve accessing records that detail my driving history, including any traffic violations, suspensions, or revocations. I acknowledge that the information obtained will be used solely for the purpose of determining my eligibility for the permit or license for which I am applying.

Acknowledgment and Agreement:

- I certify that the information provided in this consent form is true and accurate to the best of my knowledge.
- I understand that providing false or misleading information may result in the denial of my application or revocation of my permit or license.
- I agree to hold harmless the Borough of Watchung and its agents from any liability arising from the release of my driving records.
- This consent is valid for the duration of the application process and any subsequent reviews necessary for maintaining the permit or license.

By signing this consent form, you authorize the necessary checks to ensure compliance with local regulations and safety standards. Thank you for your cooperation and for helping us maintain a safe and lawful community.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

# BOROUGH OF WATCHUNG

OFFICE OF THE BOROUGH CLERK



## **BACKGROUND CHECK INFORMATION**

There are two ways to get criminal history results for a background check;

### **SUBMITTING FINGERPRINTS THROUGH IDENTOGO**

Contact: **Sgt. Jason Moberly, Watchung Police Department, Criminal Investigation Division at 908-756-3663 x96**, for a department case number. This case number is needed to pre-register online at <https://uenroll.identogo.com/>, enter this service code: 2F17ZY. Our ORI number is NJ0182100 (this allows the Police Department to receive the results). Once you are pre-registered, you can make an appointment to submit fingerprints.

Below is some more information:

[https://www.identogo.com/uploads/general/NJ\\_FAQ\\_UEP.pdf](https://www.identogo.com/uploads/general/NJ_FAQ_UEP.pdf)

### **OBTAINING A "NAME CHECK" THROUGH THE NJ STATE POLICE**

Submit a 212b form through the State Police website <https://www.njportal.com/njsp/212b/>