



BOROUGH OF ROSELLE

108 WEST THIRD AVENUE • ROSELLE, NEW JERSEY 07203
TELEPHONE (908) 259-3010

CHECK LIST FOR TAXI/LIMO DRIVERS

Prior to Approval:

1. Provide the following copies to the Municipal Clerk:

- Receipt from Borough of Roselle Building/Code Enforcement certifying that the premises together with any building thereon, are approved for use permitted by Zoning Ordinances Article 1 18-9, Section - A(l)(a)
- BRC (Business Registration Certificate)
- Certificate of Liability Insurance coverage \$1,500,000.00 for Limos, \$300,000.00 for Taxi Cabs
Cancellation Notice - Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to Mail 30 days written notice to the certificate holder names to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.
- Copy Title of Vehicle showing business name
- Two recent photographs of applicant size (2 x 2) inches
- Satisfactory Certificate from the Physician or Ophthalmologist
- Copy of Drivers Abstract from DMV - have the disposition mailed to the Municipal Clerk. Clerk will provide a copy of Abstract to Police Department for review (no more than 2 moving violations during the prior three years).

2. All applicants and drivers must submit fingerprints for a Criminal History background check.

- Fingerprint applications can be obtained at the Roselle Police Department on Tuesdays and Wednesdays between the hours of 12:00 to 3:00 pm.
- Applicants must follow the instructions on the application.

The Criminal History search results will be sent to the Roselle Police Department. The Municipal Clerk will be advised accordingly of the results.



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TAXI /LIMO LICENSE APPLICATION

OWNER'S NAME _____
HOME ADDRESS _____
TELEPHONE # _____
BUSINESS ADDRESS _____
BUSINESS TELEPHONE # _____

DRIVERS

NAME _____ D.O.B. _____
ADDRESS _____
DRIVER'S LICENSE # _____
NAME _____ D.O.B. _____
ADDRESS _____
DRIVER'S LICENSE # _____

(List Additional Drivers on Next Page)

DESCRIPTION OF VEHICLE

MAKE _____ MODEL _____ YEAR _____
PLATE # _____ VIN# _____
OF PASSENGERS _____ RATE SCHEDULE _____
INSURANCE COMPANY _____
INSURANCE POLICY _____

The initial license fee shall be ninety six dollars (\$96.00) for each vehicle payable with filing of the application. Said fee shall be prorated at the rate of eight dollars (\$8.00) per month should an applicant file after March 1. All renewals shall be at the rate of eighty dollars (\$80.00) for each vehicle. Duplicate copies may be issued for a fee of five dollars (\$5.00) for each vehicle.

THIS AREA FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____
AMOUNT RECEIVED \$ _____ CHECK _____ CASH _____ RECEIPT # _____
DATE LICENSE ISSUED _____ EXPIRATION _____
CERTIFICATE OF INSURANCE RECV'D _____
PROCESSED BY _____
APPROVAL: _____ BOROUGH CLERK _____ ++ _____



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ADDITONAL DRIVERS

NAME _____ D.O.B. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE # _____

NAME _____ D.O.B. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE # _____

NAME _____ D.O.B. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE # _____

NAME _____ D.O.B. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE # _____



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POWER OF ATTORNEY

That the undersigned, _____, for the purpose of complying with the laws of New Jersey relating to registration of limousine vehicles in said state hereby; irrevocably appoints, _____ Chief Fiscal Officer of the Borough _____ of, 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 for bond filed with the Borough of _____, 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 there under be mailed to:

Date _____

by:

CORPORATE ACKNOWLEDGEMENT

State of New Jersey
COUNTY of Union

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 purposes 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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Date _____

To Whom It May Concern:

This is to certify that _____ has presented proof of
Name & address of applicant

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 _____
Policy #

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

Very truly yours,

Municipal Clerk