

3. If applicant is a partnership or corporation the full names, residence addresses, dates and places of birth of each major officer and each stockholder, the names and addresses of the registered agent and the address of the principal office. (Use additional sheets if necessary.)

A. Name _____ Title: _____

Street Address _____

Number _____ Street Name _____
Municipality _____ Zip _____ - _____

a. Have you ever been arrested or convicted of a crime? Yes _____ No _____

b. If your answer is "YES" please give the date of the arrest, the crime or charge involved and the disposition thereof. (Use additional sheets if needed)

B. Name _____ Title: _____

Street Address _____

Number _____ Street Name _____
Municipality _____ Zip _____ - _____

a. Have you ever been arrested or convicted of a crime? Yes _____ No _____

b. If your answer is "YES" please give the date of the arrest, the crime or charge involved and the disposition thereof. (Use additional sheets if needed)

C. Name _____ Title: _____

Street Address _____

Number _____ Street Name _____
Municipality _____ Zip _____ - _____

a. Have you ever been arrested or convicted of a crime? Yes _____ No _____

b. If your answer is "YES" please give the date of the arrest, the crime or charge involved and the disposition thereof. (Use additional sheets if needed)

4. Name and address of principal place of business if different than above.

Name _____

Street Address _____

Number _____ Street Name _____
Municipality _____ Zip _____ - _____

5. Name and address of the applicant's liability insurance provider.

Insurance Carrier's Name _____

Street Address _____

Number _____ Street Name _____
Municipality _____ State _____ Zip _____ - _____

Telephone (_____) _____ - _____

Policy Number _____

(Documented proof of insurance coverage in the amount of \$1,500,000.00 must be included with application)

6. Name and address of each employed driver. (Use additional sheets if necessary.)

Name _____

Street Address _____

Number

Street

Municipality _____ Zip _____ - _____

New Jersey Operator's License Number _____

(A copy of a valid driver's license must be attached.)

7. Vehicle Information. (Use additional sheets if necessary.)

Make of vehicle _____ Model _____ Year _____ Color _____

Vehicle Identification # _____ License Plate # _____

When not being operated this vehicle will be located at _____

I hereby certify that the statements made in this application are true to the best of my knowledge and ability and that if any of the statements made herein are willfully false I am subject to punishment.

Signature of Applicant _____ Date _____

FOR OFFICIAL BOROUGH USE ONLY

____ APPLICATION FEE \$50.00 PER VEHICLE

____ RENEWAL FEE \$25.00 PER VEHICLE

____ DRIVER LIST WITH LICENSE ATTACHMENT

____ POWER OF ATTORNEY

____ PROOF OF LIABILITY INSURANCE COVERAGE IN THE AMOUNT OF \$1,500,000.00

____ APPROVED BY POLICE CHIEF

APPROVED BY MAYOR AND COUNCIL

RESOLUTION NO. _____ DATED _____

CERTIFICATE OF COMPLIANCE ISSUED: _____

LICENSE # ISSUED: _____

DATE OF ISSUE _____

EXPIRATION DATE: _____