



BOROUGH OF PARK RIDGE  
53 Park Avenue  
Park Ridge, NJ 07656

OFFICE OF THE  
BOROUGH CLERK/  
ADMINISTRATOR  
(201) 573-1800  
FAX: (201) 391-7130  
Website: www.parkridgeboro.com

**APPLICATION FOR TAXI / LIMO OWNERS LICENSE**

Fee Paid: \_\_\_\_\_ Date Filed: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ License No. \_\_\_\_\_

Date: Approved: \_\_\_\_\_ Issued \_\_\_\_\_ Expires \_\_\_\_\_ Denied \_\_\_\_\_ Res. No. \_\_\_\_\_

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_  
(First) (Initial) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Attach Copy of Limousine Driver or Rental Car Chauffeur Employer Certification

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Body Type \_\_\_\_\_ Color \_\_\_\_\_ Seating Cap. \_\_\_\_\_

VIN# \_\_\_\_\_ License Plate Number: \_\_\_\_\_

ATTACH COPY OF VEHICLE REGISTRATION

NJ License No. \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

Policy No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limits: Liability: \_\_\_\_\_ Property Damage: \_\_\_\_\_  
(Set forth in N.J.S.A 48:16-1 et. seq.)

Affidavit is attached. Yes: \_\_\_\_\_  
(Individual, Copartner of Copartnership or Officer of Corporation)

I hereby certify that all statements on this application are true and complete. If my application is approved, I will comply with all applicable ordinances, the rules and regulations of the Borough of Park Ridge, and the laws of the State of New Jersey.

\_\_\_\_\_  
(Signature of Applicant)

Subscribes and sworn to before a  
Notary Public of the State of New Jersey on

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary Signature)

(Seal)

The vehicle described above has been inspected by and approval is hereby recommended.

Date: \_\_\_\_\_ Chief of Police: \_\_\_\_\_  
(Signature)