

## APPLICATION FOR TAXI / LIMO LICENSE

## BOROUGH OF WASHINGTON, WARREN COUNTY, NEW JERSEY 100 BELVIDERE AVENUE, WASHINGTON, NJ 07882

## PLEASE PRINT ALL INFORMATION

Name of Applicant:

**Address:** 

Corporate Nan	ne & Address:				
Home # Bus			# Ce	ell #	
Have you ever crime			Yes or No If yes,	what and give	date of
	·	See Ord. No	ab / Limo and \$50.00 for the control of the control	or each add	itional car
	(REQUIRI		CH VEHICLE TO BE LIC	CENSED)	
Make of Vehicle	Year of Vehicle	Type of Vehicle	Vehicle –Vin #	Plate #	Date of Inspection
	1	For Dri	ver Applicant Only	- 1	
Name:			Address:		
Phone #yes what state		•	lriver's licenses ever been	revoked?	If

IEDICAL CEDTIFICATE (S) DDIVEDS LICENSE and CEDTH

MEDICAL CERTIFICATE (S) DRIVERS LICENSE and CERTIFICATE OF INSURANCE MUST BE ATTACHED.

**FOR ALL APPLICANTS**