



Township Clerk's Office  
455 Hoes Lane  
Piscataway, NJ 08854  
Phone: (732) 562-2310

- Limousine Application Checklist
- No fee
- Clear copy of valid driver's license
- Completed & Notarized Power of Attorney form
- Completed and Notarized Affidavit (either home OR business)
- Insurance policy with Township of Piscataway listed as additional insured
  - Insurance **MUST BE** in the amount of 1.5 million dollars
- Copy of Declaration pages of Insurance policy
- Copy Insurance certificate listing insured with a Piscataway address **AND** the Township of Piscataway as a Certificate Holder

Attorney review can take up to 3 weeks for approval/denial



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Limousine License Application – Business Address Affidavit

I, \_\_\_\_\_, owner of \_\_\_\_\_,  
am seeking to use the business address of \_\_\_\_\_,  
located in Piscataway, New Jersey, Middlesex County, for the purposes of receiving mail only. I  
understand the property is located in a zone that does not permit the operation of a limousine  
business.

I specifically represent to Piscataway Township the following:

1. My business located at the address listed above **will not** be used as a business location  
that welcomes and/or permits customers, or accepts any deliveries.
2. No limousines of any kind will be parked at the address listed above at any time.

\_\_\_\_\_  
Applicant email address

\_\_\_\_\_  
Application telephone number

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public signature

Affix Notary Stamp here



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Limousine License Application – Home Address Affidavit

I, \_\_\_\_\_, owner of \_\_\_\_\_,  
am seeking to use the home address of \_\_\_\_\_,  
located in Piscataway, New Jersey, Middlesex County, for the purposes of receiving mail only. I  
understand the property is located in a zone that does not permit the operation of a limousine  
business.

I specifically represent to Piscataway Township the following:

1. My home located at the address listed above **will not** be used as a business location that welcomes and/or permits customers, or accepts any deliveries.
2. No limousines of any kind will be parked at the address listed above at any time.

\_\_\_\_\_  
Applicant email address

\_\_\_\_\_  
Application telephone number

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public signature

Affix Notary Stamp here



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Limousine License Application - POWER OF ATTORNEY

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Print full name) (Print company name)

hereby issue to the Director of the Division of Motor Vehicle "Power of Attorney" for the acceptance of service of process.

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

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

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public signature

Affix Notary Stamp here