



LIVERY APPLICATION

Date: _____ For 20____ - 20____ License Period

Applicant Name: _____

Applicant Address: _____

Phone: _____

Day

City

Zip

Evening

Email: _____

Business Name: _____

Business Address: _____

Phone: _____

Day

City

Zip

Evening

INSURANCE CARRIER: _____ POLICY #: _____

POLICY EFFECTIVE DATE - From: _____ To: _____

FEE: \$50.00 per vehicle Cash Check # _____ **TOTAL \$** _____

VEHICLE INFORMATION: (Proof of vehicle ownership if vehicle was not licensed by the Borough in the previous year)

Year Make Model Last 6 digits VIN #

Renewal New Vehicle

Year Make Model Last 6 digits VIN #

Renewal New Vehicle

*List additional vehicles on back

Where will car be located when not in use for business? _____

I certify that the above facts are true and no falsification of information has been made.

Applicant Signature

Date

Year Make
Renewal New Vehicle

Model

Last 6 digits VIN #

Year Make
Renewal New Vehicle

Model

Last 6 digits VIN #

Year Make
Renewal New Vehicle

Model

Last 6 digits VIN #

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Last 6 digits VIN #