

## Limousine Requirements

No Fee

Copy of Driver's License

Power of Attorney Form Insurance Policy with Township of Piscataway listed as additional insured. Please provide the Declaration Pages of the Insurance Policy (Insurance must be in the amount of \$1.5 million)

Insurance Certificate with Township of Piscataway listed as Certificate Holder (Insured listed in Policy and Certificate must indicate a Piscataway address) Affidavit

Attorney Review up to 3 Weeks for Approval/Denial

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

I specifically represent to the Township the following:

My home at \_\_\_\_\_\_ will not be used as a business
location that welcomes or permits customers, or accepts any deliveries.

No limousines of any kind will be parked at \_\_\_\_\_\_at any time.

Dated: \_\_\_\_\_, 20\_\_\_\_

I, \_\_\_\_\_, owner of \_\_\_\_\_, am seeking to use the business address of \_\_\_\_\_\_, Piscataway, New Jersey, 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 the Township the following:

1. My business at \_\_\_\_\_\_ will not be used as a business location that welcomes or permits customers, or accepts any deliveries.

No limousines of any kind will be parked at \_\_\_\_\_\_at any time.

Signature of Applicant

Date

Sworn and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

## POWER OF ATTORNEY

|                                     | Date  |
|-------------------------------------|---|
| I,(Print Name)                      | of, (Print Company Name)                            |
|                                     | vision of Motor Vehicle "Power of Attorney" for the |
| acceptance of service of process.   |   |
| Signature:                          | Witness:  |
|                                     |   |
| Sworn and subscribed before me this |   |
| day of                              | , 20  |
|                                     |   |

Notary Public