

**\$50.00 non-refundable application fee**

CASH or Check made payable to:

**Mount Olive Township**

DATE PAID \_\_\_\_\_

Location approved by Zoning Y / N

Proof of approval or denial attached

**MOUNT OLIVE TOWNSHIP  
LIMOUSINE / LIVERY SERVICE APPLICATION  
YEAR \_\_\_\_\_**

**Name of Company:** \_\_\_\_\_

**Business Address/Physical Location – (Location must be approved by Zoning Department)**

\_\_\_\_\_  
\_\_\_\_\_

**Business Mailing address** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Name and Home/Mailing Address of Owners:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**MAKE AND MODEL OF VEHICLES**

**Include Plate # and VIN # of each vehicle**

***Certificate of Insurance must accompany this application***

\_\_\_\_\_ plate no. \_\_\_\_\_

VIN # \_\_\_\_\_

\_\_\_\_\_ plate no. \_\_\_\_\_

VIN # \_\_\_\_\_

\_\_\_\_\_ plate no. \_\_\_\_\_

