



BOROUGH OF SHREWSBURY

419 SYCAMORE AVE
SHREWSBURY, NJ 07702
TELEPHONE 732-741-4200
FAX 732-741-6549

LIMOUSINE LICENSE – 2024

COPIES OF THIS CERTIFICATE MUST BE CARRIED WITHIN THE VEHICLE(S) HEREIN DESCRIBED

THIS IS TO CERTIFY THAT: _____

(Owner)

ADDRESS: _____

Telephone # _____ (Alternate #) _____

HAS FILED WITH THIS OFFICE A COPY OF INSURANCE POLICY ISSUED BY:

(Insurance Company)

POLICY PERIOD FROM: _____ TO _____. COVERAGE \$ _____ (must be at least \$1.5 mil)

THIS CERTIFICATE COVERS : _____
(Vehicle #1 – Year, Make & Model) (Vin Number#)

THIS CERTIFICATE COVERS : _____
(Vehicle #2 – Year, Make & Model) (Vin Number#)

THIS CERTIFICATE COVERS : _____
(Vehicle #3 – Year, Make & Model) (Vin Number#)

THIS CERTIFICATE COVERS : _____
(Vehicle #4 – Year, Make & Model) (Vin Number#)

THIS CERTIFICATE COVERS : _____
(Vehicle #5 – Year, Make & Model) (Vin Number#)

THIS CERTIFICATE COVERS : _____
(Vehicle #6 – Year, Make & Model) (Vin Number#)

The above noted vehicles are kept in the following location both daily and overnight when not in use:

Address: _____

(DO NOT WRITE BELOW THIS LINE – FOR MUNICIPAL CLERK’S USE ONLY)

- Owner has submitted a photocopy of his/her New Jersey Picture Drivers License
- Owner has submitted a copy of a current Insurance Policy Covering ALL Vehicles and Business
- Owner has submitted a Power of Attorney
- Owner has shown proof of ownership for each vehicle (registration or lease agreement)

Owner has correctly filled out all personal and vehicle information as required above: _____

(Signature of Owner)

DATED: _____

BY: _____
(Name of Clerk/Deputy)

FEE PAID BY Cash /Check \$ _____
(Fee is \$25 per Vehicle)