

\$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. _____

