

LICENSE 2018

License No. \_\_\_\_\_

Township of Little Falls  
225 Main Street  
Little Falls, NJ 07424

**APPLICATION FOR LICENSE UNDER THE PROVISION OF THE REVISED  
GENERAL ORDINANCES OF THE TOWNSHIP OF LITTLE FALLS, ADOPTED  
DECEMBER 10, 2004.**

TO THE TOWNSHIP CLERK:

I, the undersigned, do hereby make application for a License to operate a  
**TAXI/LIMO SERVICE** in the Township of Little Falls pursuant to the above-mentioned  
ordinances, and pay the required fee in the amount of  
**\$100.00**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

Corporation Y \_\_\_ N \_\_\_ Corporation Name \_\_\_\_\_

Corporation Address \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_

Insurance Agent Name \_\_\_\_\_

Insurance Agent Telephone # \_\_\_\_\_

**If this is a new application rather than a renewal of an existing License, Please complete the following:**

**REFERENCES AS TO CHARACTER AND REPUTATION:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
Name & Title of Person  
(Please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE NOTE:** All Business Licenses in the Township of Little Falls expire on December 31.  
Licenses are **NOT** transferable.