

**BOROUGH OF NEW PROVIDENCE
TAXI/LIMOUSINE/LIVERY PERMIT APPLICATION**

COMPANY NAME Royal Executive Service LLC

APPLICANT NAME TASAWAR ALI

Vehicle Fee (including 1 driver): \$25.00 x 1 (# of vehicles) = \$ 25- PD

Additional Driver Fee: \$5.00 x (# of drivers) = \$

Total = \$ 25-

PLEASE ATTACH THE FOLLOWING ITEMS TO YOUR APPLICATION:

(Application will not be processed until all items are attached)

- ☐ **DRIVER'S LICENSE** – Photocopy of the driver's license for each driver.
- ☐ **REGISTRATION** – Photocopy of the registration for each vehicle.
- ☐ **CERTIFICATE OF INSURANCE** – photocopy of certificate of insurance with all vehicles listed and name of company and/or driver.
- ☐ **NJ BUSINESS REGISTRATION CERTIFICATE**
- ☐ **FEDERAL TAX ID NUMBER**
- ☐ **CERTIFICATE OF AUTHORITY TO COLLECT SALES TAX**
- ☐ **CERTIFICATE OF FORMATION OR CERTIFICATE OF INCORPORATION**
- ☐ **COMMERCIAL LEASE AGREEMENT OR PROOF OF OWNERSHIP FOR BUSINESS ADDRESS**
- ☐ **LIMOUSINE DRIVER QUALIFICATION CERTIFICATE FROM MOTOR VEHICLE COMMISSION**
- ☐ **ZONING CERTIFICATE OF OCCUPANCY**
- ☐ **PAYMENT** – Check, Cash, or Credit Card (visa, mastercard, discover)



CONTACT INFORMATION

APPLICANT'S NAME (Driver #1)

FIRST NAME

LAST NAME

TASAWAR

ALI

HOME ADDRESS

LIVED AT THIS ADDRESS

HOME PHONE NO.

EMAIL ADDRESS

COMPANY NAME

Royal Executive Service LLC

COMPANY ADDRESS

275 Springfield Ave

NEW Providence NJ 07974

COMPANY PHONE NUMBER

SUPERVISOR'S NAME (if applicable)

MANN YUAN

APPLICANT'S BACKGROUND INFORMATION

ARE YOU OVER 21 YEARS OLD:

YES ☒ NO ☐

DRIVER'S LICENSE NO.

A53357320002742

STATE DRIVER'S LICENSE ISSUED FROM

NEW JERSEY

EXPIRATION DATE OF DRIVER'S LICENSE

WAS YOUR DRIVER'S LICENSE OR REGISTRATION PRIVILEGES EVER SUSPENDED OR REVOKED IN NEW JERSEY OR ANY OTHER STATE OR COUNTRY? YES ☐ NO ☒

IF YES, PLEASE GIVE DATE(s), PLACE(s) AND REASON(s) FOR SUSPENSION OR REVOCATION:

HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSON'S OFFENSE OR MUNICIPAL ORDINANCE? YES ☐ NO ☒

IF YES, PLEASE GIVE DATE(s), PLACE(s), AND NATURE(s) OF OFFENSE(s):

* MAKE ADDITIONAL COPIES OF THIS PAGE IF THERE ARE MORE DRIVERS

ADDITIONAL DRIVERS

FULL NAME OF DRIVER #2	_____
HOME ADDRESS	_____ _____
PHONE NUMBER	_____ _____
DRIVER'S LICENSE NUMBER	_____
STATE DRIVER'S LICENSE ISSUED	_____
EXPIRATION DATE	_____

FULL NAME OF DRIVER #3	_____
HOME ADDRESS	_____ _____
PHONE NUMBER	_____ _____
DRIVER'S LICENSE NUMBER	_____
STATE DRIVER'S LICENSE ISSUED	_____
EXPIRATION DATE	_____

FULL NAME OF DRIVER #4	_____
HOME ADDRESS	_____ _____
PHONE NUMBER	_____ _____
DRIVER'S LICENSE NUMBER	_____
STATE DRIVER'S LICENSE ISSUED	_____
EXPIRATION DATE	_____

* MAKE ADDITIONAL COPIES OF THIS PAGE IF THERE ARE MORE VEHICLES

VEHICLE INFORMATION

MAKE OF VEHICLE #1	CHEVY SUBURBAN	*
VEHICLE MODEL	SUBURBAN	
YEAR	2013	
VIN NUMBER	2G1FKJ571DR237871	
LICENSE PLATE NUMBER	01 7819 J	
STATE	NEW JERSEY	
EXPIRATION DATE	09/2017	
INSURANCE COMPANY	GLOBAL LIBERTY INS COMPANY	
INSURANCE POLICY NUMBER	TH17572-201	

MAKE OF VEHICLE #2	
VEHICLE MODEL	
YEAR	
VIN NUMBER	
LICENSE PLATE NUMBER	
STATE	
EXPIRATION DATE	
INSURANCE COMPANY	
INSURANCE POLICY NUMBER	

MAKE OF VEHICLE #3	
VEHICLE MODEL	
YEAR	
VIN NUMBER	
LICENSE PLATE NUMBER	
STATE	
EXPIRATION DATE	
INSURANCE COMPANY	
INSURANCE POLICY NUMBER	

REFERENCES

PLEASE LIST THREE (3) REFERENCES. DO NOT USE EMPLOYER OR RELATIVES:

Reference #1

NAME SHAHID SALEEM

COMPLETE ADDRESS [REDACTED]

PHONE NUMBER [REDACTED]

EMAIL ADDRESS [REDACTED]

Reference #2

NAME RAJA Musair

COMPLETE ADDRESS [REDACTED]

PHONE NUMBER [REDACTED]

EMAIL ADDRESS [REDACTED]

Reference #3

NAME CH. PERVAIZ

COMPLETE ADDRESS [REDACTED]

PHONE NUMBER [REDACTED]

EMAIL ADDRESS [REDACTED]

APPLICANT'S CERTIFICATION

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF LAW, THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL LAWS RELATING TO OWNERSHIP, REGISTRATION, INSURANCE AND OPERATION OF VEHICLES IN THE STATE OF NEW JERSEY, AND THE PROVISIONS OF CHAPTER 239 "TAXICABS" OF THE OFFICIAL CODE OF THE BOROUGH OF NEW PROVIDENCE.


Applicant's Signature

04/18/17
Date

Notary Public:

State of NJ

County of Union

Sworn and subscribed to me this 18 day of April, 2017.

Notary Public - Printed Name


Notary Public - Signature

Notary Seal Here

NANCY M. PASQUALE
A Notary Public of New Jersey
My Commission Expires September 21, 2021

FOR OFFICE USE

Royal Executive

TAFSAWAR ALI

POLICE CHIEF RECOMMENDATION

APPLICATION IS: APPROVED X DENIED _____

REASON(S) FOR DENIAL:

[Signature]
Police Chief Signature

5/1/17
Date

APPROVED X

U.S. - 11 - 11 - 11

Police Chief Signature

5/1/17

ZONING OFFICER RECOMMENDATION

APPLICATION IS: APPROVED ✓ DENIED

REASON(s) FOR DENIAL: Previous approval Royal
Executive
Service

Zoning Officer Signature _____ Date _____

APPROVED 

Executive Service

Zoning Officer Signature _____

Date _____

MAYOR AND BOROUGH COUNCIL RECOMMENDATION

APPLICATION IS: APPROVED _____ DENIED _____

REASON(s) FOR DENIAL:

Date of Borough Council Meeting _____

APPROVED

Date of Borough Council Meeting

BOROUGH CLERK		
PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE
Borough Clerk Signature		

PERMIT NUMBER _____ DATE ISSUED _____ EXPIRATION DATE _____

Borough Clerk Signature

161228448

TASAWAR ALI
301 MAPLE AVE APT 206
NO PLAINFIELD NJ 07060-6655



VEHICLE REGISTRATION



STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD

☒ COMMERCIAL

☐ PERSONAL

COMPANY NUMBER

028

COMPANY

Global Liberty Insurance Company of New York

POLICY NUMBER

[REDACTED]

EFFECTIVE DATE

04/15/2017

EXPIRATION DATE

06/23/2017

YEAR

2013

MAKE/MODEL

CHEVROLET/SUBURBAN

VEHICLE IDENTIFICATION NUMBER

[REDACTED]

AGENCY/COMPANY ISSUING CARD

DAWSON BARRESI & HADLEY AGENCY
140 NORTH MAIN STREET, SUITE 22,
MANAHAWKIN, NJ 08050

INSURED

TASAWAR ALI

[REDACTED]

AUTHORIZED SIGNATURE

[REDACTED]

SEE IMPORTANT NOTICE BELOW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Dawson & Hadley Agency 140 North Main Street Manahawkin, NJ 08050 Phone (609)597-7111 Fax (609)597-7115		CONTACT NAME: RALPH DELUISE / CHRISTINE SODT PHONE (A/C, No. Ext): (609)597-7111 FAX (A/C, No): (609)597-7115 E-MAIL ADDRESS: csodtdbhagency@yahoo.com	
INSURED TASAWAR ALI 3 [REDACTED] P [REDACTED]		INSURER(S) AFFORDING COVERAGE INSURER A: GLOBAL LIBERTY INSURANCE COMPANY NAIC # 11092 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>		FHP0730251	06/23/2016	06/23/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,500,000.00
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE ADDED TO POLICY EFFECTIVE 04/15/17 - 2013 CHEVROLET 1GNSKJE71DR237071

CERTIFICATE HOLDER**CANCELLATION**

BOROUGH OF PROVIDENCE
380 ELKWOOD AVE
NEW PROVIDENCE, NJ 07974

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Motor Vehicle Commission

STATE OF NEW JERSEY

CDL Unit
PO Box 685
Trenton, NJ 08666

Raymond P. Martinez
Chief Administrator

March 06, 2014

RAJA EXPRESS LIMO

NEW PROVIDENCE, NJ 07974

DL Number:: NJ/A53357320002742

RE: Qualification for Employment Pursuant to N.J.S.A. 48:16-22.3a(c)

This letter is being issued in accordance with N.J.S.A. 48:16-22.3a(c).

Please be advised that, as of 2/21/2014, criminal history background checks conducted for TASAWAR ALI have not disclosed a record of any disqualifying criminal conviction. Accordingly, this applicant is qualified to operate a limousine or chauffeur driven rental car. .

Sincerely

Raymond P. Martinez
Chief Administrator

LIMOUSINE DRIVER/RENTAL CAR CHAUFFEUR QUALIFICATION CERTIFICATE	
This certificate certifies that	<u>TASAWAR ALI</u>
employed with	<u>RAJA EXPRESS LIMO</u>
has met all requirements under N.J.S.A. 48:16-22.3A to operate a limousine or chauffeur driven rental car.	
Signature Of Employer	<u>[Signature]</u>
Driver's License No.	<u>NJ/A53357320002742</u>
State	<u>NJ</u>
Date Of Approval	<u>March 06, 2014</u>
Chief Administrator	<u>[Signature]</u>



On the Road to Excellence
www.njmvc.gov and www.cleanairnj.org
New Jersey is an Equal Opportunity Employer