A DESTRUCTION

SETTLED IN 1720

360 Elkwood Avenue New Providence, NJ 07974 908-665-1400 phone 908-665-9272 fax www.newprov.org

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

recutive ( amo

**APPLICANT NAME** 

Vehicle Fee (including 1 driver): \$25.00 x 2 (# of vehicles) = \$ .50

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

Total

# 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 ROYAL EXEC.
- **P-FEDERAL TAX ID NUMBER**
- **—CERTIFICATE OF AUTHORITY TO COLLECT SALES TAX**
- -EI-CERTIFICATE OF FORMATION OR CERTIFICATE OF INCORPORATION
- -E- COMMERCIAL LEASE AGREEMENT OR PROOF OF OWNERSHIP FOR **BUSINESS ADDRESS**
- LIMOUSINE DRIVER QUALIFICATION CERTIFICATE FROM MOTOR VEHICLE COMMISSION washing on new cert for royal exec (Baja Express)
- □ ZONING CERTIFICATE OF OCCUPANCY
- PAYMENT Check, Cash, or Credit Card (visa, mastercard, discover)

# **CONTACT INFORMATION**

APPLICANT'S NAME (Driver #1)	RAJA MUNIR FIRST NAME LAST NAME					
HOME ADDRESS	DAST NAME					
LIVED AT THIS ADDRES	// number of years					
HOME PHONE NO.						
EMAIL ADDRESS						
COMPANY NAME	ROYAL EXECUTIVE SERVICE LLE					
COMPANY ADDRESS	1275 SPRINGFIELD AV					
	NEW PROVIDENCE NJ 07974					
COMPANY PHONE NUMBER	()					
SUPERVISOR'S NAME (if applicable)						
APPLICANT'S BACKGROUND INFORMATION						
ARE YOU OVER 21 YEARS OLD:	YES V NO					
DRIVER'S LICENSE NO.						
STATE DRIVER'S LICENSE ISSUED FROM N						
EXPIRATION DATE OF DRIVER'S LICENSE 5-31-2021 WAS YOUR DRIVER'S LICENSE OR REGISTRATION PRIVILEGES EVER SUSPENDED OR REVOKED IN NEW JERSEY OR ANY OTHER STATE OR COUNTRY? YES NO 1/2						
F 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						
F YES, PLEASE GIVE DATE(s), PLACE(s), AND NATURE(s) OF OFFENSE(s):						

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

VEHICLE INFORMATION LINCOLN MAKE OF VEHICLE #1 TOWN CAR VEHICLE MODEL YEAR VIN NUMBER 1665 LICENSE PLATE NUMBER STATE - 2018 **EXPIRATION DATE** GLOBAL LIBERTY WS CO INSURANCE COMPANY INSURANCE POLICY NUMBER CHEVY MAKE OF VEHICLE #2 SUBURBUN VEHICLE MODEL YEAR VIN NUMBER 8107 LICENSE PLATE NUMBER STATE 2018 JULY. **EXPIRATION DATE** GLOBAL LIBERTY INS CO **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** 

# \* 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	
	1

# <u>REFERENCES</u>

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

Reference #1	
NAME	SHAHID MALIK
CONT. ETC ADDRESS	
COMPLETE ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	
Reference #2	
NAME	CARLYLE NEWELL
COMPLETE ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	
<u> </u>	
Reference #3	
NAME	MALIK RAZAB
COMPLETE ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

## **APPLICANT'S CERTIFICATION**

I DO SOLEMLY 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.

RAJA M Atmos	2-14-2018
Applicant's Signature	Date

**Notary Public:** 

State of

County of

Sworn and subscribed to me this

th

February.

20/2

and subscribed to the time

OTAPL OUBLIC NA 11.2019 W JERSENIE

Notary Public - Printed Name

Notary Public - Signature

**Notary Seal Here** 

LIDIA CENDELIC
Notary Public
State of New Jersey
My Commission Expires Apr. 11, 2019
I.D.# 2444760

COMPANY NAME ROYAL EXECUTIVE LINES

APPLICANT NAME ROYAL MUNIT

POLICE CHIEF DECCE

POLICE CHIEF RECOMMEN	DATION		
APPLICATION IS:	APPROVED_	DENIED	
REASON(s) FOR DENIAL:			
			****
Police Chief Signature		Date	
ZONING OFFICER RECOMM	ENDATION		
APPLICATION IS:	APPROVED_	DENIED	
REASON(s) FOR DENIAL:			
Zoning Officer Signature		Date	
MAYOR AND BOROUGH COL	JNCIL RECOMMENDATION		
APPLICATION IS:	APPROVED	DENIED	
REASON(s) FOR DENIAL:			
-			_
			_
Date of Borough Council Meeting	ng		
BOROUGH CLERK			
PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE	
Borough Clerk Signature			



Patrol Lieutenant

# Police Department New Providence, New Jersey

Anthony D. Buccelli, Jr. Chief of Police FBI NA Session 194

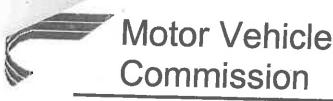


Theresa Gazaway

Administrative Lieutenant

# **RELEASE AUTHORIZATION**

To whom it may concern:
I, RAJA MUNIA , have made application for a permit to solicit/canvass with the Borough of New Providence. As part of this process and prior to approving my application, the New Providence Police Department needs to thoroughly investigate my employment, background, and personal history to evaluate my qualifications for the permit I have applied for.
I therefore, authorize you to release any and all information relating to my employment or otherwise pertaining to me to the New Providence Police Department, or its representative, regardless of any agreement I may have made with you previously to the contrary.
I hereby release you, your organization, and all others from liability or damages that may result from furnishing this information requested, including liability or damage pursuant to any state or federal laws. I hereby release, discharge and/or exonerate the New Providence Police Department, its agents and representatives, and any person so furnishing the information requested from any liability of any nature and kind, arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation conducted by the New Providence Police Department.
A photocopy of this document will be considered as effective and valid as the original.
Name: RAJA MUNIR
Address: Town, State
Signature: RAJA M Mound 7  RAJA M Mound 7  To be completed by a Notary Public:
Subscribed and sworn to before me this // day of /OOr all // 20 //.  Notary Public State of New Jersey My Commission Expires Apr. 11, 2019  360 Elkwood Avenue • New Providence • New Jersey • 07974 908-665-1111 • 908-665-9873 (fax)



STATE OF NEW JERSEY CDL Unit PO Box 685 Trenton, NJ 08666

Raymond P. Martinez
Chief Administrator

December 02, 2010

RAJA EXPRESS LIMO SERVIC 211 CACCIOLA PLACE WESTFIELD, NJ 07090

DL Number::

NJ/M92796387412571

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 11/17/2010, criminal history background checks conducted for RAJA MUNIR have not disclosed a record of any disqualifying criminal conviction. Accordingly, this applicant is qualified to operate a limousine.

Sincerely

Raymond P. Martinez Chief Administrator

This certificate certifies that

RAJA MUNIR

This certificate certifies that

RAJA EXPRESS LIMO SERVICE

has met all requirements under NJSA 48:18-22.3A to operate a limousine or chaufeur driven rental par.

Signature Of Employer

Driver's License No.

NJ/M92796387412571

Bate NJ

December 02, 2010

Chief Adminishabure

December 02, 2010



07060-3632

161218207

NEW JERSEY - MOTOR VEHICLE SERVICES THIS IS A RECEIPT DOCUMENT ONLY

GOOD THRU: FEB 2018 VIN: TYPE:4 DR. **YEAR: 2008** MODEL: TWN MAKE: LIN COLOR: GY PT: LM 17060-3632 RAJA M MUNIR PLATE NO:

FD REG: REG R :

81.50

POST AUDIT:

PLATE FEE:

81.50 SV20170590631 TOTAL: (C)

REGCD: 14

MILEAGE:

NP: 5



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/26/2017

The ACORD name and logo are registered marks of ACORD

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(les) 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 Ileu of such endorsement(s).

L'ANNOTA HABIEN PAGENCY  Manchandrin, NJ 08050  Phone (608)597-7111  FEX (608)597-7115  MINURERIA G. LORAL LIBERTY INSUFANCE COMPANY 11002  MINURERIA G. LORAL LIBERTY INSUFAN	PRODUCER			CONTACT DAT	BU DELLUCE (		
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DOS LINCOLN 015 CHEVROL  CERTIFICATE HOLDER  CANCELLATION  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  AUTHORIZED REPRESENTATIVE	of Electronic Bally					E.L. DISEASE - POLICY LIMIT   \$	
DOS LINCOLN 015 CHEVROL  CERTIFICATE HOLDER  CANCELLATION  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  AUTHORIZED REPRESENTATIVE							
BOROUGH OF NEW PROVIDENCE  360 ELKWOOD AVENUE  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	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI 2008 LINCOLN 2015 CHEVROL	CLES (Attach A	ACORD 101, Additional Remarks	s Schedule, If more space	e is required)		
BOROUGH OF NEW PROVIDENCE  360 ELKWOOD AVENUE  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	CERTIFICATE HOLDER			CANCELLATION			
	360 ELKWOOD AVENUE			SHOULD ANY OF TI THE EXPIRATION D ACCORDANCE WIT	H THE POLICY	F NOTICE WILL BE DELIVEDED	LLED BEFORE IN
CORD 25 (2014/01) OF STORY OF THE PROPERTY OF	ACORD 25 (2014/01) QF					ORD CORPORATION. All ri	Ohts reserved

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	RIVER LICENSE	Marin .
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TO /	1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F	in the second se
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VEHICLE REGISTRATION

NEW JERSEY

RAJA M MUNIR 429 GROVE STREET NO PLAINFIELD NJ 07060-3632

> RAJA M MUNIR 429 GROVE STREET NO PLAINFIELD NJ 07060 FOR A FEE:

6.00

HP SV20172200665

REPLACEMENT PT:CM

LIMINISTNE

AX:2

PLATE NO: OL8102J VIN: CHE 2015 WAGON BLF

300D THRU: 07/2018

NO PLAINFIELD NJ

# 167678793

# NEW JERSEY - MOTOR VEHICLE SERVICES THIS IS A RECEIPT DOCUMENT ONLY

PLATE NO: GOOD THRU: JUL 2018 VIN: MODEL: SUB COLOR: BLK TYPE: WAGON YEAR: 2015 MAKE: CHE MILEAGE: PT:CM FD REG: PLATE FEE: POST AUDIT: REG P:

6.00

EQ: 8

REGCD: 14

TOTAL: (C) 6. UU HP SV20172200665

### FOR OFFICE USE ONLY

COMPANY NAME

Royal Executive Limo Raja Munir

APPLICANT NAME

**BORCUGH CLERK** 

Borough Clerk Signature

POLICE CHIEF RECOMMENDATION APPLICATION IS: APPROVED\_\_\_\_ DENIED\_\_\_\_ **REASON(s) FOR DENIAL:** Police Chief Signature Date ZONING OFFICER RECOMMENDATION APPROVED APPLICATION IS: DENIED\_\_\_\_ REASON(s) FOR DENIAL: MAYOR AND BOROUGH COUNCIL RECOMMENDATION **APPLICATION IS:** APPROVED \_\_\_\_\_ DENIED REASON(s) FOR DENIAL: Date of Borough Council Meeting

PERMIT NUMBER DATE ISSUED EXPIRATION DATE

	FOR OFFICE USE ONLY			
COMPANY NAME ROYCLEXEL	itre lino			
APPLICANT NAME ROYA MUNI	and the second s			
POLICE CHIEF RECOMMENDATION				
APPLICATION IS:	APPROVED	DENIED		
REASON(s) FOR DENIAL:				
Centra Twently	(03) 3/2	1/8		
Police Chief Signature	Date			
ZONING OFFICER RECOMMENDATION				
APPLICATION IS:	APPROVED	DENIED		
REASON(s) FOR DENIAL;				
Zoning Officer Signature	Date			
MAYOR AND BOROUGH COUNCIL RECOMMENDATION				
APPLICATION IS:	APPROVED	DENIED		
REASON(s) FOR DENIAL:				
Date of Borough Council Meeting				
BOROUGH CLERK				
PERMIT NUMBERDATE ISSUE	DEXPIRATIO	N DATE		

Borough Clerk Signature