

BOROUGH OF NEW PROVIDENCE
TAXI/LIMOUSINE/LIVERY PERMIT APPLICATION

COMPANY NAME

Royal Executive Limo

APPLICANT NAME

Raja MunirVehicle Fee (including 1 driver): \$25.00 x 2 (# of vehicles) = \$ 50.00Additional Driver Fee: \$5.00 x (# of drivers) = \$ Total = \$ 50.00 paid2/14/18

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.
- ☐ **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** waiting on new cert for royal exec (Raja 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

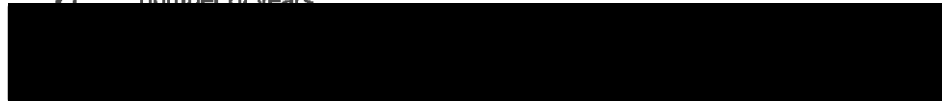
HOME ADDRESS



LIVED AT THIS ADDRESS

11 number of years

HOME PHONE NO.



EMAIL ADDRESS

COMPANY NAME

ROYAL EXECUTIVE SERVICE LLC

COMPANY ADDRESS

1275 SPRINGFIELD AV
STREET
NEW PROVIDENCE NJ 07974
CITY STATE ZIP

COMPANY PHONE NUMBER

()

SUPERVISOR'S NAME (if applicable)

APPLICANT'S BACKGROUND INFORMATION

ARE YOU OVER 21 YEARS OLD:

YES ☒ NO ☐

DRIVER'S LICENSE NO.



STATE DRIVER'S LICENSE ISSUED FROM

NJ

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 ☒

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

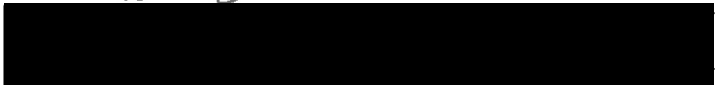
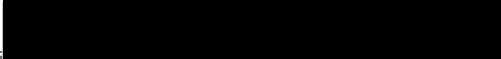
HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSON'S OFFENSE OR MUNICIPAL ORDINANCE?


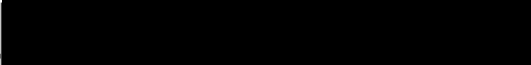
YES ☐ NO ☒

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

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

VEHICLE INFORMATION

MAKE OF VEHICLE #1 LINCOLN
VEHICLE MODEL TOWN CAR
YEAR 2008
VIN NUMBER 
LICENSE PLATE NUMBER OL 1665 J
STATE N J
EXPIRATION DATE 2.28-2018
INSURANCE COMPANY GLOBAL LIBERTY INS CO
INSURANCE POLICY NUMBER 

MAKE OF VEHICLE #2 CHERY
VEHICLE MODEL SUBURBAN
YEAR 2015
VIN NUMBER 
LICENSE PLATE NUMBER OL 8102 J
STATE N J
EXPIRATION DATE JULY. 2018
INSURANCE COMPANY GLOBAL LIBERTY INSCO
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

REFERENCES

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

Reference #1

NAME

SHAHID MALIK

COMPLETE ADDRESS

PHONE NUMBER

EMAIL ADDRESS

Reference #2

NAME

CARLYLE NEWELL

COMPLETE ADDRESS

PHONE NUMBER

EMAIL ADDRESS

Reference #3

NAME

MALIK RAZA

COMPLETE ADDRESS

PHONE NUMBER

EMAIL ADDRESS

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.

RAJA M [Signature]

Applicant's Signature

2-14-2018

Date

Notary Public:

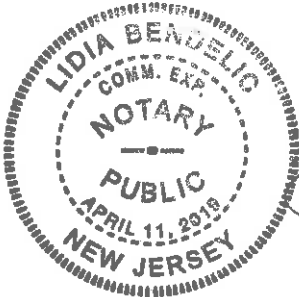
State of

New Jersey

County of

Union

Sworn and subscribed to me this 14th day of February, 2018.



Lidia Bendelic

Notary Public - Printed Name

[Signature]

Notary Public - Signature

Notary Seal Here

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

FOR OFFICE USE ONLY

COMPANY NAME Royal Executive Limos
APPLICANT NAME Raja Muhir

POLICE CHIEF RECOMMENDATION

APPLICATION IS: APPROVED _____ DENIED _____

REASON(s) FOR DENIAL:

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 NUMBER _____ DATE ISSUED _____ EXPIRATION DATE _____

Borough Clerk Signature



Police Department New Providence, New Jersey

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



Justine Kennedy
Patrol Lieutenant

Theresa Gazaway
Administrative Lieutenant

RELEASE AUTHORIZATION

To whom it may concern:

I, RAJA MUNIR, 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

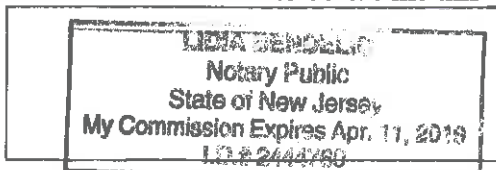
Address: [REDACTED]

Town, State: [REDACTED]

Signature: RAJA M MUNIR Date: 2-14-2018

To be completed by a Notary Public:

Subscribed and sworn to before me this 14th day of February, 2018.



Notary Stamp

Signature of Notary Public:

Lidia Denicola

360 Elkwood Avenue • New Providence • New Jersey • 07974
908-665-1111 • 908-665-9873 (fax)

Motor Vehicle Commission

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

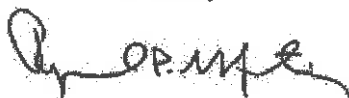
DL Number:: NJ/M92796387412571

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

LIMOUSINE DRIVER/RENTAL CAR CHAUFFEUR QUALIFICATION CERTIFICATE	
This certificate certifies that	RAJA MUNIR
employed with	RAJA EXPRESS LIMO SERVICE
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	
Driver's License No.	NJ/M92796387412571
State	NJ
Date Of Approval	December 02, 2010
Chief Administrator	

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

161218207



VEHICLE REGISTRATION



PLATE NO. 01 18207 GOOD THRU: 02/2018

02/20 16 18207

07060-3632

161218207

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

PLATE NO:

GOOD THRU: FEB 2018 VIN:

MAKE:LIN
YEAR:2008
TYPE:4 DR.
MODEL:TWN
COLOR:GY
PT:LM
MILEAGE:
NP: 5
EQ: 5
REGCD:14

REG R : 81.50
FD REG:
POST AUDIT:
PLATE FEE:

TOTAL:(C) 81.50
CF SV20170590631

RAJA M MUNIR

07060-3632



CERTIFICATE OF LIABILITY INSURANCE

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

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

INSURED

RAJA M MUNIR

CONTACT NAME: RALPH DELUISE / CHRISTINE SODT
PHONE (A/C, No, Ext): (609)597-7111 FAX (A/C, No): (609)597-7115
E-MAIL: csodtdbagency@yahoo.com
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: GLOBAL LIBERTY INSURANCE COMPANY 11092
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

NJ 07060-

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	ADDLSUBR 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"/> <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"/> RETENTIONS			05/27/2017	05/27/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

2008 LINCOLN
2015 CHEVROL

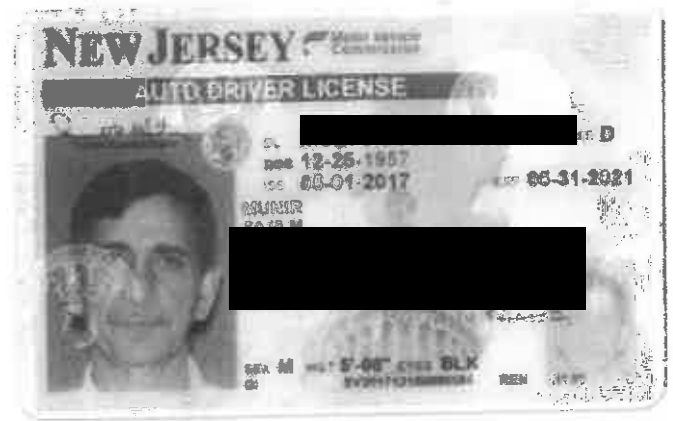
CERTIFICATE HOLDER

BOROUGH OF NEW PROVIDENCE
360 ELKWOOD AVENUE
NEW PROVIDENCE, NJ 07974

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



167678793



VEHICLE REGISTRATION

PLATE NO: 0L8102J GOOD THRU: 07/2018
VIN: [REDACTED]

CHE 2015 WAGON BLK SUB NP: 8 AX: 2
RAJA M MUNIR
429 GROVE STREET
NO PLAINFIELD NJ 07060
EQ: 8 FEE: 6.00 HP SV20172200665

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

167678793

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

PLATE NO: [REDACTED]

GOOD THRU: JUL 2018 VIN: [REDACTED]

RAJA M MUNIR

MAKE: CHE
YEAR: 2015
TYPE: WAGON
MODEL: SUB
COLOR: BLK
PT: CM
MILEAGE:
NP: 8
EQ: 8
REGCD: 14

REG P : 6.00
FD REG:
POST AUDIT:
PLATE FEE:

TOTAL: (C) 6.00
HP SV20172200665

FOR OFFICE USE ONLY

COMPANY NAME

Royal Executive Lims

APPLICANT NAME

Raja Munir

POLICE CHIEF RECOMMENDATION

APPLICATION IS:

APPROVED _____

DENIED _____

REASON(s) FOR DENIAL:

Police Chief Signature

Date

ZONING OFFICER RECOMMENDATION

APPLICATION IS:

APPROVED X

DENIED _____

REASON(s) FOR DENIAL:

Koah
Zoning Officer Signature

2/28/18
Date

MAYOR AND BOROUGH COUNCIL RECOMMENDATION

APPLICATION IS:

APPROVED _____

DENIED _____

REASON(s) FOR DENIAL:

Date of Borough Council Meeting

BOROUGH CLERK

PERMIT NUMBER _____ DATE ISSUED _____ EXPIRATION DATE _____

Borough Clerk Signature

FOR OFFICE USE ONLY

COMPANY NAME

Royal Executive Limos

APPLICANT NAME

Raja Munir

POLICE CHIEF RECOMMENDATION

APPLICATION IS:

APPROVED ☒

DENIED ☐

REASON(s) FOR DENIAL:

Police Chief Signature

[Signature]

Date

03/2/18

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 NUMBER _____ DATE ISSUED _____ EXPIRATION DATE _____

Borough Clerk Signature