

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

COMPANY NAME Summit Express Limo

APPLICANT NAME ILHOM L. IBRAGIMOV

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

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**
- ☐ **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** N/A *
- ☒ **PAYMENT** – Check, Cash, or Credit Card (visa, mastercard, discover)

** Police & Zoning already approved Summit Express*

CONTACT INFORMATION

APPLICANT'S NAME (Driver #1)

ILHOM I. IBRAGIMOV

FIRST NAME

LAST NAME

HOME ADDRESS

STREET

LIVED AT THIS ADDRESS

number of years

HOME PHONE NO.

()

CELL PH

EMAIL ADDRESS

COMPANY NAME

COMPANY ADDRESS

STREET

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

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 VEHICLES

VEHICLE INFORMATION

MAKE OF VEHICLE #1 Lincoln
VEHICLE MODEL MKT
YEAR 2015
VIN NUMBER [REDACTED]
LICENSE PLATE NUMBER [REDACTED]
STATE NJ
EXPIRATION DATE _____
INSURANCE COMPANY _____
INSURANCE POLICY NUMBER _____

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 _____

* 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

Diliya Ture

COMPLETE ADDRESS

528 1st St
South Kingstown RI 02881

PHONE NUMBER

(401) 403-5517

EMAIL ADDRESS

diliya.ture@gmail.com

Reference #2

NAME

Boris Kaplunovsky

COMPLETE ADDRESS

93 Ford Rd
South Kingstown RI 02881

PHONE NUMBER

(401) 403-5517

EMAIL ADDRESS

boris.kaplunovsky@gmail.com

Reference #3

NAME

Fedor Korol

COMPLETE ADDRESS

515 10th Ave Rd
Edison NJ 08837

PHONE NUMBER

732-771-7181

EMAIL ADDRESS

f.korol@edisonnj.gov

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

3/12 / 2018
Date

Notary Public:

State of

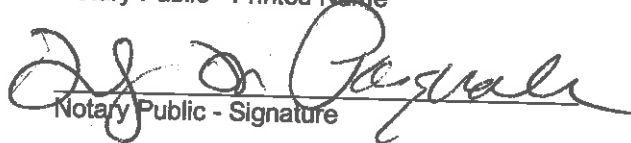
NY

County of

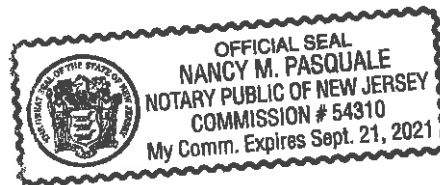
Union

Sworn and subscribed to me this 12 day of March, 2018.

NANCY M PASQUALE
Notary Public - Printed Name


Notary Public - Signature

Notary Seal Here



FOR OFFICE USE ONLY

COMPANY NAME _____

APPLICANT NAME _____

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2018

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 Hub International Northeast 180 River Road 2nd Fl Summit NJ 07901	CONTACT NAME: PHONE (A/C No, Ext): 908-790-6800 E-MAIL ADDRESS:	FAX (A/C No): 908-790-6989
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Palisades Insurance Company		10791
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1713919896

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC 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			2/26/2018	2/26/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					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	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)
Livery coverage effective as respects

CERTIFICATE HOLDER**CANCELLATION**

New Providence Borough
Att: Borough Clerk
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

SR Hansen



Motor Vehicle Commission

STATE OF NEW JERSEY

CDL Unit

PO Box 685

Trenton, NJ 08666

Raymond P. Martinez

Chairman and Chief Administrator

April 19, 2017

SUMMIT EXPRESS LIMOUSINE
1330 SPRINGFIELD AVENUE
NEW PROVIDENCE, NJ 07974

DL Number:: [REDACTED]

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 4/10/2017, criminal history background checks conducted for ILHOM IBRAGIMOV 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
Chairman and Chief Administrator

LIMOUSINE DRIVER/RENTAL CAR CHAUFFEUR QUALIFICATION CERTIFICATE	
This certificate certifies that	ILHOM IBRAGIMOV
employed with	SUMMIT EXPRESS LIMOUSINE
has met all requirements under NJSA 48:16.22.3.a.c to operate a limousine or chauffeur driven rental car	
Signature Of Employer	
Driver's License No.	[REDACTED]
State	NJ
Date Of Approval	April 19, 2017
Chief Administrator	[Signature]



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

NEW JERSEY
AUTO DRIVER LICENSE



05-26-2015 05-31-2019
BRAGIMOV
01-A 0000-00
LK HAWATHA NJ 07034
SEX: NONE
HAIR: NONE
M 6-05 175 LBS
SW 24.50

NEW JERSEY
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 017 COMPANY Palisades Insurance Company
POLICY NUMBER

☒ COMMERCIAL ☐ PERSONAL
EFFECTIVE DATE 02/26/2018 EXPIRATION DATE 02/26/2019

168355983
YEAR 2015 MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER
2LMHJ5NK67BL03459

2015 Lincoln MKT

AGENCY / COMPANY ISSUING CARD

Hub International Northeast Limited
180 River Road, 2nd Floor

Summit, NJ 07901
INSURED

Lake Hiawatha, NJ 07034

SEE IMPORTANT NOTICE ON REVERSE SIDE

168355983



VEHICLE REGISTRATION

PLATE NO. 168355983 GOOD THRU 03/2018
VIN: 2LMHJ5NK67BL03459
LIN 2015 WAGON BLK
RENTAL BRAGIMOV LIMOUSINE 14
LK HAWATHA NJ 07034 TRANSFER PLIM
EQ: 8 FEE: 4.50

61-A MARA RD

**Borough of New Providence
Payment Receipt**

Issue Date: 3/12/2018 1:06:56 PM

Issued By: Clerk New Prov

Applicant Name: ilhomi ibragimov

Phone #:

Email:

Item	Budget #	Amount	Payment Date	Payment Type	Payment #	Comments
Limo / Taxi License	1105	\$25.00	03/12/2018	Cash		

Total Amount Received: \$25.00