

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

COMPANY NAME SUMMIT EXP

APPLICANT NAME NAHEEDA ASHRAE

to be pd

Vehicle Fee (including 1 driver): \$25.00 x 2 (# 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**~~
- ☐ **PAYMENT** – Check, Cash, or Credit Card (visa, mastercard, discover)

need Htr from Summit Express

CONTACT INFORMATION

APPLICANT'S NAME (Driver #1)

NAHEEDA
FIRST NAME

ASHRAF
LAST NAME

HOME ADDRESS

[REDACTED]

LIVED AT THIS ADDRESS

5 number of years

HOME PHONE NO.

[REDACTED]

EMAIL ADDRESS

SHAHIDS3854@gmail.com

COMPANY NAME

SUMMIT - BXP

COMPANY ADDRESS

[REDACTED]

NEW PROVIDENCE N.J.
CITY STATE ZIP

COMPANY PHONE NUMBER

[REDACTED]

SUPERVISOR'S NAME (if applicable)

APPLICANT'S BACKGROUND INFORMATION

ARE YOU OVER 21 YEARS OLD:

YES ☒ NO ☐

DRIVER'S LICENSE NO.

[REDACTED]

STATE DRIVER'S LICENSE ISSUED FROM

EXPIRATION DATE OF DRIVER'S LICENSE

WAS YOUR DRIVER'S LICENSE OR REGISTRATION

OTHER STATE OR COUNTRY? YES ☐ NO ☐

ISSUED IN NEW JERSEY OR ANY

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

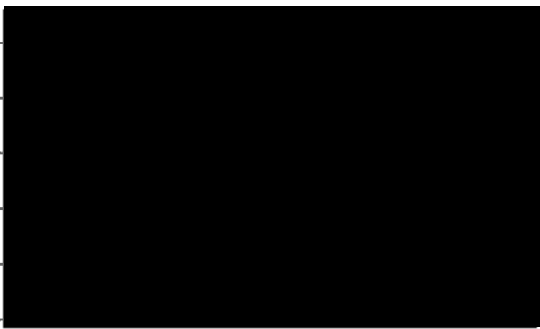
STATE DRIVER'S LICENSE ISSUED

EXPIRATION DATE

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

VEHICLE INFORMATION

| | |
|-------------------------|--|
| MAKE OF VEHICLE #1 | FORD EXPEDITION |
| VEHICLE MODEL | 2016 |
| YEAR |  |
| VIN NUMBER | |
| LICENSE PLATE NUMBER | |
| STATE | |
| EXPIRATION DATE | |
| INSURANCE COMPANY | |
| INSURANCE POLICY NUMBER | |

| | |
|-------------------------|---|
| MAKE OF VEHICLE #2 | FORD FLEX SEL |
| 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

RACHEL KAPNER

COMPLETE ADDRESS

PHONE NUMBER

EMAIL ADDRESS

Reference #2

NAME

MUNEER RATA

COMPLETE ADDRESS

PHONE NUMBER

EMAIL ADDRESS

Reference #3

NAME

GARY KAPNER

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.

Nahedda -
Applicant's Signature

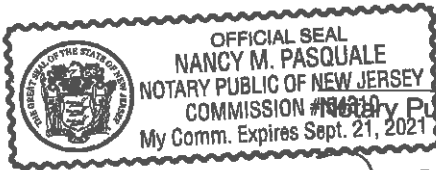
12-17-2019
Date

Notary Public:

State of NJ

County of Union

Sworn and subscribed to me this 17 day of Dec, 2019.



Notary Public - Printed Name

Nancy M. Pasquale
Notary Public - Signature

Notary Seal Here

FOR OFFICE USE ONLY

COMPANY NAME Summit Express
APPLICANT NAME Naheda Ashraf

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, NAHEEDA ASHRAF, have made application for a limo/taxi license 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: NAHEEDA ASHRAF

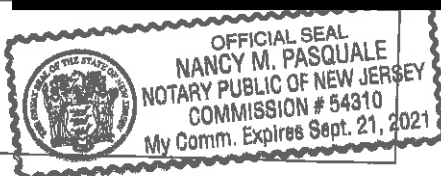
Address: [REDACTED]

Town, State: [REDACTED]

Signature: [REDACTED]

To be completed by: [REDACTED]

Subscriber: [REDACTED]



Notary Stamp

Signature of Notary Public:

Nancy M. Pasquale

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

Phillip D. Murphy
Governor

Sheila Y. Oliver
Lt. Governor

B. Sue Fulton
Chair and Chief Administrator

November 14, 2018

SUMMIT EXPRESS LIMOUSINE
1330 SPRINGFIELD AVENUE
NEW PROVIDENCE, NJ 07974

RE: Qualification to Operate a Limousine Pursuant to

This letter is being issued in accordance with N.J.S.A.

Please be advised that, as of 11/8/2018, a criminal history background check conducted for NAHEEDA ASHRAF has not disclosed a record of any disqualifying criminal conviction. Accordingly, this applicant is qualified to operate a limousine with no more than 7 passengers including the driver.

Sincerely

B. Sue Fulton
Chairman and Chief Administrator

| LIMOUSINE DRIVER/RENTAL CAR CHAUFFEUR QUALIFICATION CERTIFICATE | |
|--|-------------------|
| This certificate | |
| employed with | |
| has met all requirements of a | |
| chauffeur driver | |
| Signature Of Employer | |
| Driver's License Number | |
| State | NJ |
| Date Of Approval | November 14, 2018 |
| Chief Administrator | |



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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2019

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 have ADDITIONAL INSURED provisions or 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
KNB AGENCY, LLC
21 CONCORD DRIVE
MANALAPAN, NJ 07726

CONTACT
NAME:
PHONE:
E-MAIL:
ADDRESS:
FAX:
(A/C, No):

INSURED
NAHEEDA ASHRAF
12 A INTERHAVEN AVE
NORTH PLAINFIELD, NJ 07060

INSURER A:
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 | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMITS |
|----------|--|--------------------------|---------------|------------|------------|--|
| | COMMERCIAL GENERAL LIABILITY | | | | | |
| | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | EACH OCCURRENCE \$ |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | | | | | | MED EXP (Any one person) \$ |
| | | | | | | PERSONAL & ADV INJURY \$ |
| | | | | | | GENERAL AGGREGATE \$ |
| | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | |
| | POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC <input type="checkbox"/> | | | | | |
| | OTHER: | | | | | |
| A | AUTOMOBILE LIABILITY | Y N | | | | |
| | ANY AUTO <input type="checkbox"/> | | | | | LIMIT \$ 1,500,000 |
| | OWNED AUTOS <input type="checkbox"/> | | | | | person) \$ |
| | ONLY HIRED AUTOS <input checked="" type="checkbox"/> | | | | | accident) \$ |
| | AUTOS ONLY <input type="checkbox"/> | | | | | \$ |
| | SCHEDULE D AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> | | | | | \$ |
| A | OTHER UNINSURED/UNDERINSURED | | | | | \$ |
| | | | | | | MIT (B) \$ 35,000 |
| | | | | | | person) \$ |
| | | | | | | accident) \$ |
| | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> | | | | | \$ |
| | EXCESS LIAB <input type="checkbox"/> | | | | | \$ |
| | DED <input type="checkbox"/> | | | | | \$ |
| | RETENTIONS \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | | | | \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) | <input type="checkbox"/> | | | | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | \$ |
| | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | \$ |
| | 2016 FORD EXPED 1FMJU2AT7GEF49992 | | | | | \$ |
| | 2009 FORD FLEX 2FMDK52C29BA00203 | | | | | \$ |
| | Naheeda Ashraf A80305770057781 | | | | | \$ |
| | Shahid Akram A49337030002891 | | | | | \$ |

CERTIFICATE HOLDER

CANCELLATION

NJDMV
225 E STATE STREET
TRENTON, NJ 08608

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

01/22/2019

179653093



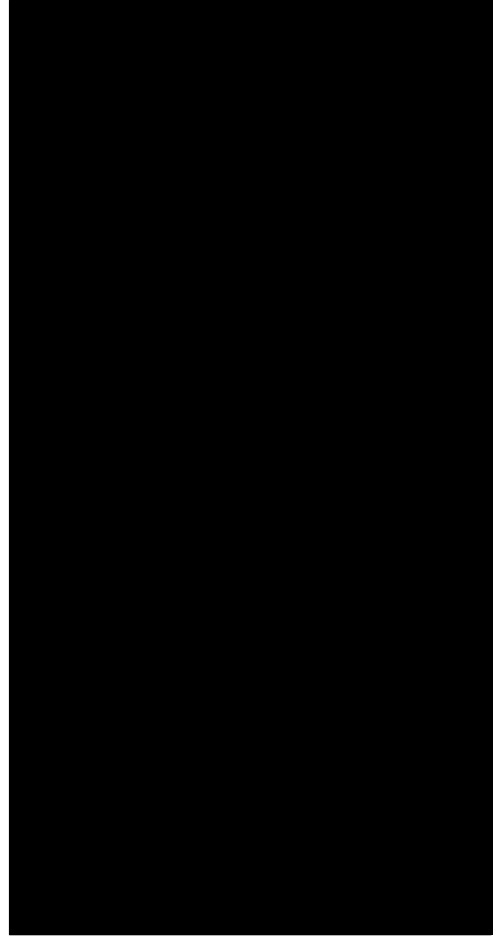
VEHICLE REGISTRATION



NAHEEDA ASHRAF
12 A INTERHAVEN AVE
NO PLAINFIELD NJ 07060-3603

179653093

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



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50
56

177053608

N AVE
NJ 07060-3603



020
: 2 14
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