APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

LIMOUSINE OWNER APPLICATION

DIVISION OF CENTRAL LICENSING
DEPARTMENT OF NEIGHBORHOOD SERVICES
CITY OF ELIZABETH

9. DATE OF BIRTH:

8. COUNTRY OF CITIZENSHIP:

7. CITY:

6. ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

5. TRADE NAME OF INDIVIDUAL OR ENTITY, CORPORATION OR PARTNERSHIP, WHO
   OWNS THE PERMIT:

4. NAME OF THE OWNER OF THE PERMIT, WHETHER INDIVIDUAL OR ENTITY,
   TO PERMIT (1.e. Permit owner, President of Corporation, etc.):

3. NAME OF INDIVIDUAL COMPLETING AND SIGNING THIS APPLICATION AND RELATION
   TO OWNER:

2. PERMIT NUMBER:

1. DATE:

Please Print or Type

Of the City of Elizabeth and N.J.S.A. 48:16-13 et seq. please attach insurance policy as required under Chapter 9:6 of the Code of Elizabeth and in N.J.S.A. 48:16-13 et seq. will prevail.

For the purpose of this application, the definitions listed in Chapter 60 of the Code of the City of

ONE APPLICATION PER PERMIT/VEHICLE

Fax 908-320-0349
Number of employees, drivers and dispatchers employed by permit owner (please list name)

% of stock

The principal shareholders are as follows (to total 100%)

May result in suspension of permit or revocation. Failure to report corporate changes for each permi issued. A new certificate of public convenience and necessity must be applied to the Division of Central License within forty eight (48) hours after a new.

Any changes in corporation membership or structure must be reported

Number

Include a copy of corporate resolution and corporation identification

1. Corporation or partnership, please list all principals.

2. Driver's license number:

3. Telephone number:

4. Social Security number:
AT WHAT OFF-SET ADDRESS IS THIS VEHICLE STORED (must be in the city of)

<table>
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<tr>
<th>PLATE#</th>
<th>VIN#</th>
<th>MODEL</th>
<th>MAKE</th>
<th>YEAR</th>
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ONE VEHICLE APPLICATION/PERMIT

VEHICLE INFORMATION:

PERMIT(S): 

IF YES, PLEASE PROVIDE NAME AND PERIOD OF TIME THAT ENTITY HAS OWNED

CERTIFICATE OF PUBLIC CONVENIENCE OR NECESSITY AND PERMIT:

OWNS A CITY OF ELIZABETH AIRPORT NECESSITY AND PERMIT AND/OR LIMO/SHUTTLE INTEREST IN ANOTHER ENTITY, CORPORATION OR PARTNERSHIP THAT PRESENTLY OWNS THIS PERMIT HAVE ANY CORPORATION, ENTITY OR PARTNERSHIP THAT OWNS THIS PERMIT HAVE ANY OTHER THAN THE PERMIT APPLIED FOR HEREUNDER DO YOU OR DOES THE

BEEN INVOLVED IN THE TRANSPORTATION BUSINESS:

15. PLEASE LIST THE TOTAL NUMBER OF YEARS IN WHAT CAPACITY THE APPLICANT HAS

JUDGEMENTS:

Please list in detail the nature of the transaction giving rise to said.

14. DOES THE PERMIT OWNER HAVE ANY UNPAID JUDGEMENTS AGAINST HIM/HER?
Notary Public

This day of , 2000.

Sworn and subscribed before me

Signature of Applicant

Punishment under law

I, , certify that the foregoing statements made by me in this application are true. I am aware that if any of the foregoing statements made by me are willfully false, this application will be invalidated, I will lose my right to obtain a permit and I am subject to