

RESOLUTION NO. 2025-\_\_\_\_ 31 \_\_\_\_\_

A RESOLUTION AUTHORIZING THE ISSUANCE OF LIMOUSINE LICENSES FOR 2025.

WHEREAS, applications have been made to the Council of the City of Vineland, pursuant to Ordinance No. 2001-13, for the issuance of licenses to operate limousines in the City of Vineland; and

WHEREAS, the following applicants have complied with the requirements of the City of Vineland and the application fee has been paid.

NOW, THEREFORE, BE IT RESOLVED by the Council of the City of Vineland:

1. That the Municipal Clerk is hereby directed to issue the limousine licenses listed below for the year 2025; and

2. All limousine licenses expire on December 31, 2025.

Kellie Pustizzi  
Magic Carpet Transportation LLC  
1359 S. Main Road  
Vineland, NJ 08360

\*2024 Chevrolet Suburban #1GNSKGKL7RR156250

\*2023 Chevrolet Tahoe #1GNSKRKD6PR337552

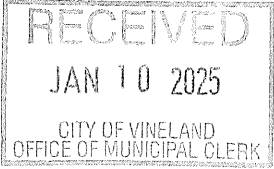
Adopted: January 14, 2025

\_\_\_\_\_  
President of Council

ATTEST:

\_\_\_\_\_  
City Clerk

K: LimousineLicenseResolution2025 Magic Carpet



pd. \$50.00  
Money order # 45249

City of Vineland, New Jersey  
**AUTOCAB, LIMOUSINE AND LIVERY SERVICE LICENSE APPLICATION**  
Annual license term: January 1- December 31

**A nonrefundable limousine license fee of fifty dollars (\$50.00) must accompany this application. Checks or money order made payable to: "City of Vineland"**

This application is made on behalf of: An individual  An partnership  A corporation   
Magic Carpet Transportation LLC A corporation  
Annual application for year: 2025

Applicant Name: Kellie Rustizzi  
Status:  Partner  President  Secretary  Treasurer  
Date of birth: (month) 08 (date) 25 (year) 1986  
Residence Address: 212 W Willow St  
City: Landisville State/Zip Code: NY 08326  
Business Address: 1359 S Main Rd  
City/State/Zip Code: Vineland NY 08360 Telephone No.: 856 507 9112

Name: Stacey Fanucci  
Status:  Partner  President  Secretary  Treasurer  
Date of birth: (month) 06 (date) 23 (year) 1979  
Residence Address: 1932 S Brookfield St  
City/State/Zip Code: Vineland NY 08360 Telephone No.: 609 501 2847

Name: \_\_\_\_\_  
Status:  Partner  President  Secretary  Treasurer  
Date of birth: (month) \_\_\_\_\_ (date) \_\_\_\_\_ (year) \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

◆Corporations: must include copy of certificate of incorporation and a certified copy of a corporate resolution authorizing this application.

◆All applicants must attach a copy of an insurance policy for \$1,500,000. (N.J.S.A. 48:16-14). The policy must include a description and the registration number of every limousine insured thereunder.

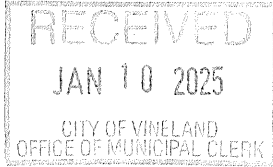
Name of Insurance Company: Progressive Commercial  
Policy Number: 985885368 Policy expiration date: 8/27/25

**CERTIFICATION**  
I (we) attest that the applicant(s) is duly authorized to sign this application; that in the instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporation; that the applicant has complied with all New Jersey state statutes and all City of Vineland ordinances governing limousine services; and that the contents of this application represent complete disclosure of fact, and that the contents of this application are true.

Kellie Rustizzi \_\_\_\_\_ Date 1/02/25  
Signature of Individual/Partner or Corporate President

Attest:  
Kelly Rustizzi \_\_\_\_\_ Date 1/02/25  
Signature of Corporate Secretary or witness

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES



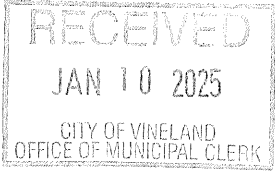
**CERTIFICATE OF FORMATION**  
**MAGIC CARPET TRANSPORTATION LLC**  
**0450961574**

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 04/28/2023 and was assigned identification number 0450961574. Following are the articles that constitute its original certificate.

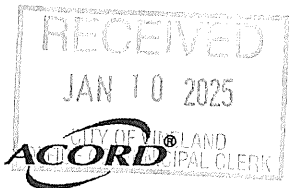
1. **Name:**  
MAGIC CARPET TRANSPORTATION LLC
  2. **Registered Agent:**  
MICHAEL P. FRALINGER, ESQ.
  3. **Registered Office:**  
4081 S. LINCOLN AVENUE  
VINELAND, NEW JERSEY 08361
  4. **Business Purpose:**  
THE COMPANY MAY ENGAGE IN ANY LAWFUL BUSINESS AND/OR ACTIVITY INCLUDING, WITHOUT LIMITATION, OWNING, OPERATING AND MANAGING A TRANSPORTATION SERVICE TYPE BUSINESS, AND/OR INVESTING IN, OWNING, MANAGING AND OPERATING REAL AND/OR PERSONAL PROPERTY.
  5. **Duration:**  
PERPETUAL
  6. **Effective Date of this Filing is:**  
04/28/2023
  7. **Members/Managers:**  
KELLIE PUSTIZZI  
212 N. WILLOW STREET  
LANDISVILLE, NEW JERSEY 08326  
  
STACEY L. FANUCCI  
1932 S. BROOKFIELD STREET  
VINELAND, NEW JERSEY 08361
  8. **Main Business Address:**  
1359 S. MAIN ROAD  
VINELAND, NEW JERSEY 08360
- Signatures:**  
MICHAEL P. FRALINGER, ESQ.  
AUTHORIZED REPRESENTATIVE

Continued on next page ...

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File completed application with: City of Vineland Municipal Clerk, City Hall, 640 E. Wood Street, P.O. Box 1508, Vineland, NJ 08362-1508



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/31/2024

**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).**

<b>PRODUCER</b> HARDENBERGH INS GRP PO BOX 8000, MARLTON, NJ 08053	<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487      FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Drive New Jersey Insurance Company      11410 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
--------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**COVERAGES      CERTIFICATE NUMBER: 635368599320792237D123124T162529      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 INSD	SUBR 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 <hr/> 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"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	985885368	08/27/2024	08/27/2025	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    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		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 \$
A	See ACORD 101 for additional coverage details.	N	N	985885368	08/27/2024	08/27/2025	\$

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

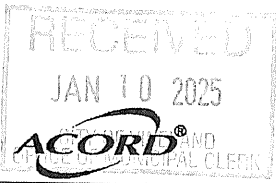
**CERTIFICATE HOLDER**

Magic Carpet Transportation, LLC  
 1359 S. Main Road  
 Vineland, NJ 08360

**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



AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_

### ADDITIONAL REMARKS SCHEDULE

AGENCY HARDENBERGH INS GRP		NAMED INSURED Magic Carpet Transportation, LLC 1359 S. Main Road Vineland, NJ 08360	
POLICY NUMBER 985885368		EFFECTIVE DATE: 08/27/2024	
CARRIER Drive New Jersey Insurance Company	NAIC CODE 11410		

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

#### Additional Coverages

Insurance coverage(s)	Limits
Uninsured/Underinsured BI	\$1,500,000 Combined Single Limit
Uninsured/Underinsured PD	(included in combined single limit w/\$500 Ded)

#### Description of Location/Vehicles/Special Items

Scheduled autos only	
2023 CHEVROLET TAHOE 1GNSKRKD6PR337552	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
2024 CHEVROLET SUBURBAN 1GNSKGKL7RR156250	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

Liability coverage may not apply to all scheduled vehicles.



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PRODUCER HARDENBERGH INS GRP PO BOX 8000, MARLTON, NJ 08053	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing
	PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Drive New Jersey Insurance Company
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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	AUTHORIZED REPRESENTATIVE 

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



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