



	APPLICA	ANT	INFORMATION			
NJ Vendor ID Number: (Obtain from NJSTART) Required to begin processing this application					Application Date: 06/16/2020	
Applicant: Gill Petroleum Inc						
Employer Name for workplace	charging projects (If di	ifferer	nt):			
Applicant Type** (Check only one	e}:					
Government	Corporation		Limited Liability		Other	
State County Municipal	New Jersey Corp	rp.	LLC (Company)	Sole	nership Proprietorship	
"If the Grantee is outside of Ne and file a copy with the Grant		st subn	nit their business registration (ertificate from	the Department of Treasury	
Mailing Address Line 1: 1747	Route 31					
Mailing Address Line 2:						
City: Clinton		Stat	itate: NJ Zip: 0880		809	
Contact Person: Ravi Gill		Phone: 732-696-2201		Email: RAVIGILL@GILLENERGY.COM		
Application Preparer (If different than applicant):		Phone:		Email:		
DUNS Number: (Obtain from <u>here</u>)		!				
Financial Officer's Name: Bikra	ım Gill		Title: President			
Grant Executor's Name: Ravi (Person authorized to sign the grant a	greement on behalf of the	applic	Title: Vice President			
Resolution Certifier's Name: Bi	kram Gill		Title: President			
(Person that will sign to certify that th Type of Governing Body (Check o	e resolution to accept the f	fundin	g was passed. This person can	not be the sam	ne as the Grant Executor.)	
Mayor and Council Board of Freeholders	Township Committe	e	Board of Commission	oners		
Accounting Method: Cash	Modified Accrua	ı [Accrual Other		Date Fiscal Year Ends: 12/31	

Ver. 01/2020





STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AIR QUALITY, ENERGY & SUSTAINABILITY



Insurance:	Insurance Self-insurance	Insurance Self-insurance
The Grantee maintains and must continue to maintain the required insurance coverages as follows:	Not required 2. Automotive liability Insurance	Not required Employer's liability Insurance
(Check your coverage)	Self-insurance Not required	Self-insurance Not required
Certificates of insurance or documentation of self-insurance:	Are on file with the Department. Will be forthcoming within 30 days Other (explain)	s after the effective date of the agreement.
RAVI GILL		6/16/2020
Name War	9	Date

Signature







	Project Information					
Proposed Charging Station(Location (at least one form corridor location):	s) Street Address Line 1: 1747 Route 31					
	City: Clinton County: Hunterdon					
	State: NJ Zip Code: 08809					
Location Description: Gas	Station / Convenience Store					
Is the location on government	ent-owned property? Yes VNo					
Please select the type of pr	oject: Corridor eMobility					
(For Corridor projects) White	ch eligible roadway would this location serve? Route 31, Interstate 78					
(For Corridor projects) Is thi	is location within one (1) mile from an exit? Yes No					
Name of electric service pro	ovider: JCPL					
	Charging stations being installed					
- 100	of each type of charging station you propose to install as well as the make t information to describe the charging station(s).					
DC Fast Charging Stations						
Number: 2	Make: Tritium					
Number. =	Model: Veefil-RT 175-S					
	Power: 175 kW (minimum of 150kW required for Corridor projects)					
RAVI GILL	6/16/2020					
Name ///	Date					
Signature						
	Grant Requested: \$ 200,000					
	Lease? Yes No 🗸					





	APPLICA	NT INFORMATIO	N			
NJ Vendor ID Number: (Obtain from NJSTART) Required to begin processing this application				Application Date:		
Applicant: Gill Petroleum Inc						
Employer Name for workplace	charging projects (If di	fferent):				
Applicant Type** (Check only on	e):					
Government	Corporation	Limited L	iability		Other	
State County Municipal	New Jersey Corp	, —	pany)	:=	ership Proprietorship	
**If the Grantee is outside of N and file a copy with the Grant	• •	t submit their business r	egistration	certificate from t	he Department of Treasury	
Mailing Address Line 1: 472						
Mailing Address Line 2:						
City: Hampton State: NJ				zip: 08827		
Contact Person: Ravi Gill		Phone: 732-696-2201		Email: RAVIGILL@GILLENERGY.COM		
Application Preparer (If different than applicant):		Phone:		Email:		
DUNS Number: (Obtain from here)						
Financial Officer's Name: Bikra	am Gill	Title: Preside	ent			
Grant Executor's Name: Ravi	i Gill agreement on behalf of the	Title: Vice P	resident			
Resolution Certifier's Name: B	ikram Gill	Title: Preside	ent	*****		
(Person that will sign to certify that the	ne resolution to accept the f	unding was passed. Thi	s person ca	nnot be the same	e as the Grant Executor.)	
Type of Governing Body (Check	only one):					
Mayor and Council	Township Committe	e Board of	Commissi	oners		
Board of Freeholders	Board of Directors	Other: _				
Accounting Method: Cash	Modified Accrua	Accrual	Other		Date Fiscal 12/31	

Ver. 01/2020





STATE OF New JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AIR QUALITY, ENERGY & SUSTAINABILITY



	Comprehensive general liability	 Worker's compensation 					
Insurance: The Grantee maintains and must continue to maintain the	Insurance	Insurance					
	Self-insurance	Self-insurance					
	Not required	Not required					
required insurance coverages as	2. Automotive liability	4. Employer's liability					
follows: (Check your coverage)	Insurance	Insurance					
(and in post of the graph of th	Self-insurance	Self-insurance					
	Not required	Not required					
Certificates of insurance or	Are on file with the Department.						
documentation of self-	Will be forthcoming within 30 days after the effective date of the agreement.						
insurance:	Other (explain)						
RAVI GILL		6/16/2020					
Name /	*	Date					
1//1/10/20	7/						
Signature	-						
Signature //							







	Project Informatio	n				
Proposed Charging Station(Location (at least one form corridor location):	/ Street Address Line .					
	City: Hampton	County: Hunterdon				
	State: NJ	Zip Code: 08827				
Location Description: Gas	Station / Convenience Sto	re				
Is the location on governme		No				
Please select the type of pr	oject: Corridor eMobi	ility				
(For Corridor projects) Which	th eligible roadway would this lo	Pocation serve? Route 31Route 57				
(For Corridor projects) Is thi	s location within one (1) mile from	om an exit?				
Name of electric service pro	ovider: JCPL					
	Charging stations being in	nstalled				
	of each type of charging station you time the charge information to describe the charge	ou propose to install as well as the make ging station(s).				
DC Fast Charging Stations	Description					
Number: 2	Make: Tritium					
	Model: Veefil-RT 175-S					
	Power: 175 kW (minimum	of 150kW required for Corridor projects)				
RAVI GILL		6/16/2020				
Name //	77;	Date				
Signature						
0	Grant Requested: \$ 200,00	00				





APPLICANT INFORMATION						
NJ Vendor ID Number: (Obtain from NJSTART) Required to begin processing this application					Application Date: 06/16/2020	
Applicant: Gill Petroleum Inc						
Employer Name for workplace charging projects (If different):						
Applicant Type** (Check only one):						
Government	Corporation		Limited Liability		Other	
State County Municipal	New Jersey Corp Out-of-State Cor		LLC (Company)	!=	nership Proprietorship	
**If the Grantee is outside of No and file a copy with the Grant		t subr	mit their business registration o	certificate from	the Department of Treasury	
Mailing Address Line 1: 1201	Route 31					
Mailing Address Line 2:						
City: Lebanon State: NJ			te: NJ	zip: 08833		
Contact Person: Ravi Gill Phone: 73		one: 732-696-2201	Email: RAVIGILL@GILLENERGY.COM			
Application Preparer (If different than applicant):		Phone:		Email:		
DUNS Number: (Obtain from here)						
Financial Officer's Name: Bikra	am Gill		Title: President			
Grant Executor's Name: Ravi	Gill greement on behalf of the	applic	Title: Vice President			
Resolution Certifier's Name: B			Title: President			
(Person that will sign to certify that the		fundin	ig was passed. This person car	not be the sam	ne as the Grant Executor.)	
Type of Governing Body (Check only one): Mayor and Council Township Committee Board of Commissioners Board of Freeholders Board of Directors Other:						
Accounting Method: Cash	Modified Accrua	ı [Accrual Other		Date Fiscal 12/31 Year Ends: 12/31	







	Comprehensive general liability	3. Worker's compensation				
	Insurance	Insurance				
Insurance:	Self-insurance	Self-insurance				
The Grantee maintains and must continue to maintain the	Not required	Not required				
required insurance coverages as	2. Automotive liability	4. Employer's liability				
follows: (Check your coverage)	(Insurance	Insurance				
. ,	Self-insurance	Self-insurance				
	Not required	Not required				
Certificates of insurance or	Are on file with the Department.					
documentation of self-	✓ Will be forthcoming within 30 days after the effective date of the agreement.					
insurance:	Other (explain)					
RAVI GILL		6/16/2020				
Name		Date				
Wall						
Signature						





Proposed Charging Station(s) Location (at least one form pe corridor location):	Street Add Street Add City: Lebi					
Location (at least one form pe	Street Add	ress Line 2:				
*	Street Add City: Leba					
		anon				
			County: Hunterdon			
	State: NJ		Zip Code: 08833			
Location Description: Gas S	tation / Convenie	nce Store	100 Marian 10 - 1			
Is the location on governmen		Yes VN	0			
Please select the type of proj	ect: Corridor	eMobility				
(For Corridor projects) Which	eligible roadway wo	uld this location	serve? Route 31,Interstate 78			
(For Corridor projects) Is this I	ocation within one (1) mile from an e	exit? Yes No			
Name of electric service prov	der: JCPL					
	Charging station	s being installed				
Please provide the number of and model or other relevant in	each type of charging	station you propo	ose to install as well as the make			
	Description					
ACCORDING TO A STATE OF THE PARTY OF THE PAR	Make: Tritium					
	Model: Veefil-RT 1	75-S				
F	ower: 175 kW (r	ninimum of 150k	W required for Corridor projects)			
RAVI GILL		6/16/	2020			
Name Alln	7%	Date				
Signature						
	Grant Requested:	\$ 200,000				
L	Lease? Yes	No /				





APPLICANT INFORMATION						
NJ Vendor ID Number: (Obtain from NJSTART)	Application Date: 06/16/2020					
Applicant: Gill Petroleum Inc						
Employer Name for workplace	charging projects (If di	iffere	nt):			
Applicant Type** (Check only one):						
Government	Corporation		Limited Liability		Other	
State County Municipal	New Jersey Corp		LLC (Company)	!=	nership Proprietorship	
**If the Grantee is outside of N and file a copy with the Gran		st subr	nit their business registration o	certificate from	the Department of Treasury	
Mailing Address Line 1: 155	1 US 46					
Mailing Address Line 2:						
City: Ledgewood State: NJ Zip: 07582					82	
Contact Person: Ravi Gill Phone: 732-696-2201 Email: RAVIGILL@GILLENER				IGILL@GILLENERGY.COM		
Application Preparer (If different than applicant):		Phone:		Email:		
Obtain from here)						
Financial Officer's Name: Bikr	am Gill	200-00111	Title:President			
Grant Executor's Name: Rav (Person authorized to sign the grant a	agreement on behalf of the	applic	Title: Vice President			
Resolution Certifier's Name: B	ikram Gill		Title: President		375	
(Person that will sign to certify that the		fundin	g was passed. This person car	nnot be the san	ne as the Grant Executor.)	
Type of Governing Body (Check only one): Mayor and Council Township Committee Board of Commissioners Board of Freeholders Board of Directors Other:						
Accounting Method: Cash	Accounting Method: Cash Modified Accrual Accrual Other Date Fiscal 12/31					

Ver. 01/2020





STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION AIR QUALITY, ENERGY & SUSTAINABILITY



	Comprehensive general liability	3. Worker's compensation
Insurance:	Insurance	Insurance
	Self-insurance	Self-insurance
The Grantee maintains and must continue to maintain the	Not required	Not required
required insurance coverages as	2. Automotive liability	4. Employer's liability
follows: (Check your coverage)	Insurance	Insurance
,,	Self-insurance	Self-insurance
	Not required	Not required
Certificates of insurance or	Are on file with the Department.	
documentation of self-	Will be forthcoming within 30 days after	er the effective date of the agreement.
insurance:	Other (explain)	
RAVI GILL		6/16/2020
Name //	\overline{G}	Date

Signature





	Project Informa	tion					
Proposed Charging Station(Location (at least one form	1 Juleet Address Fil	er 150 150 150 150 150 150 150 150 150 150					
corridor location):	Street Address Lin	ne 2:					
	City: Ledgewoo	od County: Morris					
	State: NJ	Zip Code: 07582					
Location Description: Gas	Station / Convenience S	tore					
Is the location on government	ent-owned property?	es 🗸 No					
	oject: Corridor eM						
(For Corridor projects) Which	ch eligible roadway would this	Hwy 46,Rt10,Interstate					
(For Corridor projects) Is thi	is location within one (1) mile	from an exit? Yes No					
Name of electric service pro	ovider: JCPL						
	Charging stations being	g installed					
	of each type of charging station t information to describe the ch	you propose to install as well as the make arging station(s).					
DC Fast Charging Stations							
Number: 2	Make: Tritium						
	Model: Veefil-RT 175-S						
	Power: 175 kW (minimu	m of 150kW required for Corridor projects)					
RAVI GILL		6/16/2020					
Name // A	NET!	Date					
Signature							
	Grant Requested: \$ 200,	000					
	Lease? Yes No	<u>7</u>					