



**It Pay\$ to Plug In:**  
**NJ's Electric Vehicle Charging Grant Program**  
**Application Form**

**APPLICANT INFORMATION**

NJ Vendor ID Number: <span style="background-color: black; color: black;">[REDACTED]</span> (Obtain from NJSTART)	Required to begin processing this application	Application Date: 6-12-2020
Applicant: <b>FAR PETROLEUM LLC</b>		

Employer Name for workplace charging projects (If different):

**Applicant Type\*\* (Check only one):**

Government	Corporation	Limited Liability	Other
<input type="checkbox"/> State	<input type="checkbox"/> New Jersey Corp.	<input checked="" type="checkbox"/> LLC (Company)	<input type="checkbox"/> Partnership
<input type="checkbox"/> County	<input type="checkbox"/> Out-of-State Corp.		<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Municipal			

\*\*If the Grantee is outside of New Jersey, the Grantee must submit their business registration certificate from the Department of Treasury and file a copy with the Grant Officer.

Mailing Address Line 1: **734 N. 12TH STREET**

Mailing Address Line 2: **90 N. WHITE HORSE PIKE (OFFICE)**

City: <b>HAMMONTON</b>	State: <b>NJ</b>	Zip: <b>08037</b>
Contact Person: <b>Richard J. Wendt</b>	Phone: <b>609-561-4440</b>	Email: <b>rwendtar@comcast.net</b>
Application Preparer (If different than applicant):	Phone:	Email:

DUNS Number: [REDACTED]  
(Obtain from [here](#))

Financial Officer's Name: **Richard J. Wendt** Title: **Member**

Grant Executor's Name: **Richard J. Wendt** Title: **Member**  
(Person authorized to sign the grant agreement on behalf of the applicant)

Resolution Certifier's Name: **Alfred G. Wendt** Title: **Member**

(Person that will sign to certify that the resolution to accept the funding was passed. This person **cannot** be the same as the Grant Executor.)

Type of Governing Body (Check only one):

<input type="checkbox"/> Mayor and Council	<input type="checkbox"/> Township Committee	<input type="checkbox"/> Board of Commissioners
<input type="checkbox"/> Board of Freeholders	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Other: _____

Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Modified Accrual <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other	Date Fiscal Year Ends: <b>12-31-2019</b>
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STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
AIR QUALITY, ENERGY & SUSTAINABILITY



Insurance: The Grantee maintains and must continue to maintain the required insurance coverages as follows: (Check your coverage)	1. Comprehensive general liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required	3. Worker's compensation <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required						
	2. Automotive liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required	4. Employer's liability <input checked="" type="radio"/> Insurance <input type="radio"/> Self-insurance <input type="radio"/> Not required						
Certificates of insurance or documentation of self-insurance:	<table border="1"><tr><td><input type="checkbox"/></td><td>Are on file with the Department.</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Will be forthcoming within 30 days after the effective date of the agreement.</td></tr><tr><td><input type="checkbox"/></td><td>Other (explain)</td></tr></table>		<input type="checkbox"/>	Are on file with the Department.	<input checked="" type="checkbox"/>	Will be forthcoming within 30 days after the effective date of the agreement.	<input type="checkbox"/>	Other (explain)
<input type="checkbox"/>	Are on file with the Department.							
<input checked="" type="checkbox"/>	Will be forthcoming within 30 days after the effective date of the agreement.							
<input type="checkbox"/>	Other (explain)							

Richard J. Wendt

Name

6/12/2020

Date

Signature



For

**It Pay\$ to Plug In:**  
**NJ's Electric Vehicle Charging Grant Program**  
**DC Fast Charging Station Project Information Form**

**Project Information**

Proposed Charging Station(s)  
Location (at least one form per  
corridor location):

Street Address Line 1: 734 N. 12th Street

Street Address Line 2: (Rt. 54)

City: Hammonton

County: Atlantic

State: New Jersey

Zip Code: 08037

**Location Description:**

Is the location on government-owned property? ☐ Yes ☒ No

Please select the type of project: ☒ Corridor ☐ eMobility

(For Corridor projects) Which eligible roadway would this location serve? A.C. Expressway

(For Corridor projects) Is this location within one (1) mile from an exit? ☒ Yes ☐ No

Name of electric service provider: Atlantic City Electric

**Charging stations being installed**

Please provide the number of each type of charging station you propose to install as well as the make and model or other relevant information to describe the charging station(s).

DC Fast Charging Stations

**Description**

Number: 2

Make: ChargePoint

Model: Express Plus

Power: 160 kW (minimum of 150kW required for Corridor projects)

Name

Richard J. Wpndt

Date

7-20-2020

Signature

Richard J. Wpndt

Grant Requested: \$ 200,000

Lease? Yes ☐ No ☒