



Public Safety & Transportation Committee Agenda

City of Newton **In City Council**

Wednesday, December 5, 2018

7:00 PM
Room 205

Items Scheduled for Discussion:

- #580-18 Requesting new public auto license**
DONALD LAPLANTE, 395 Lexington Street, Apt. 3, Auburndale, MA 02466 requesting **one (1) new public auto license** for Don's Car Service.
- #579-18 Requesting renewal of bus license for Lasell College**
VPNE Parking Solutions, LLC, requesting **renewal of one (1) bus license** for Lasell College.
- #581-18 Requesting renewal of public auto license**
DHANRAJ MAHASE, 60 Solon Street, Newton, MA 02461 requesting **renewal of one (1) public auto license** for Mahase Livery Services, LLC.
- #582-18 Requesting renewals of taxi licenses**
MICHAEL ANTONELIS, 224 Calvary Street, Waltham, MA 02453, requesting **renewal of thirty-eight (38) taxi licenses** for Veterans Taxi of Newton, LLC.
- #583-18 Requesting renewals of taxi licenses**
GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459 requesting **renewal of one (1) taxi license** for Holden's Taxi Inc.
- #584-18 Requesting renewals of taxi licenses**
GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459 requesting **renewal of two (2) taxi licenses** for Newtonville Cab Co. Inc.

The location of this meeting is accessible and reasonable accommodations will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the city of Newton's ADA Coordinator, Jini Fairley, at least two business days in advance of the meeting: jfairley@newtonma.gov or (617) 796-1253. The city's TTY/TDD direct line is: 617-796-1089. For the Telecommunications Relay Service (TRS), please dial 711.

#585-18 Requesting renewals of taxi licenses

GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459 requesting **renewal of three (3) taxi licenses** for Newton Taxi Co.

#598-18 Requesting ordinance amendments regarding resident sticker and visitor permit date

CAPTAIN ANASTASIA, requesting the following ordinance amendments: ***Sec. 19-200. Resident sticker and visitor permit; municipal lot parking program and Sec. 19-201. Resident sticker and visitor permit parking program.*** By DELETING: Resident and visitor parking permits expire December 31 of each year and INSERTING: Resident and visitor parking permits are valid from July 1 to June 30 of each year.

Referred to Public Safety & Transportation and Finance Committees

#607-18 HER HONOR THE MAYOR requesting authorization to transfer the sum of ninety-five thousand eight hundred forty-four dollars and fifty-one cents (\$95,844.51) from the Fire Pumper Replacement Account to the Following Fire Department accounts:

Automobiles/Light Trucks	\$60,000
Training Expenses	\$10,000
Housekeeping Equipment	\$15,000
Public Buildings Repair and Maintenance	\$10,000

#578-18 Shorten the duration of the winter parking ban

COUNCILORS ALBRIGHT, COTE, KELLEY, GREENBERG, CICCONE, LIPOF, AUCHINCLOSS, RICE, DOWNS, KRINTZMAN, NOEL, AND NORTON, requesting to shorten the duration of the winter parking ban to begin on December 15 (instead of November 15) and end on April 1 (instead of April 15).

#554-18 Proposal to end winter parking ban on select streets in Wards 2 and 3.

COUNCILORS ALBRIGHT, NORTON, COTE, BROUSAL-GLASER AND KELLEY, proposing to end the winter parking ban on select streets in Wards 2 and 3.

HELD 6-0, Councilors Lipof and Noel not voting on 11/07/18

All other items before the Committee will be held without discussion.

Respectfully submitted,

Allan Ciccone, Jr. Chair

Don's Car Service

395 Lexington Street
Auburndale, MA 02466
617-962-4446

Received # 113
check \$25.00

To Whom It May Concern: HONORABLE BOARD OF ALDERMEN
1000 COMMONWEALTH AVENUE , NEWTON CENTER, MA 02459

I am writing in regards to obtaining and applying for a Medallion plaque in order
to operate a livery business in the City of Newton, ~~and a Taxi Medallion~~

If you need further information regarding this matter, please feel free to contact
me.

Respectfully Submitted,

Don LaPlante

Donald LaPlante

RECEIVED
Newton City Clerk
2016 OCT -4 PM 12:02
David A. Olson, CHC
Newton, MA 02459

**APPLICATION FOR OPERATION OF TAXI LICENSE/PUBLIC
AUTO/EXCLUSIVE TAXI STAND**

Applicant is required to keep current information on file with the City of Newton Board of Aldermen's office at all times. Changes or updated information may be sent by mail to Newton City Hall, Board of Aldermen, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: Donald Laplante
2. Business Name: Don's Car Service
 Business Address: 395 Lexington St. Auburndale, MA 02466
 Business Telephone Number:
 email address: DonsCarService@Live.com
3. Total number of Licenses:
 PUBLIC AUTO = 1
 TAXI LICENSE = 1
4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:
 Riverside T Station
 Newton corner, 300 Washington St.
5. Please specify the type of business entity (sole proprietorship, partnership or corporation):
 Sole Proprietorship
6. If the business is a sole proprietor, please state the full name and address of the owner:
 Donald Stanley Laplante - 395 Lexington St. Auburndale MA.
 02466
7. If the business is a partnership, please state the name and address of each partner:
 NO
8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):
 NO
9. Please provide the name, title and business telephone number of the person to contact concerning complaints:
 Donald Laplante 617-510-1485

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Donald S. LaPlante - Don's Car Service - 395 Lexington, MA 02466 - 617-510-1485
(Owner Name) (Company Name) (Company Address) (Company Phone Number)

donscarservice@live.com
(email address)

Please list below each Taxi Registration Number and each Public Auto Number

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 ND INSPECTION (mileage & meter #)
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- 7SD751 - 4T1BF1FK3HU645165 - 64709
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The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Dons Car Service*

Address: 395 Lexington St. Auburndale, ma. 02466

City/State/Zip: Auburndale, ma. Phone #: 617-510-1485

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other Transportation

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Donald LaPlante Date: 9-20-18

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____



Commonwealth of Massachusetts
City of Newton
Business Certificate

370

City Clerk's Use Only

In conformity with the provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declare that a business is being conducted under the name of:

Business Name	Dons Car Service		
Purposed Use	Phone, car service		
Location of Business	395 Lexington St.	auburndale	ma 02466
	Address	City	State Zip code

The full name and address of each person conducting such business:

Name	Donald S. LaPlante		
	Signature (In presence of Notary)		
Address	395 Lexington St.	auburndale	ma 02466
	Address	City	State Zip code
Name			
	Signature (In presence of Notary)		
Address			
	City	State	Zip code
Name			
	Signature (In presence of Notary)		
Address			
	City	State	Zip code

on September 20, 2018 the above named person(s) personally appeared before me and made oath that the foregoing statement is true. (seal)

Notary Public

My commission Expires:

MA Drivers License Exp: 10/20/22
Verified by Maria Vasquez

Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed each four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars, (\$300.00) for each month during which such violation occurs.

This certificate expires: September 20, 2022
Date

The issuance of this Business Certificate does not imply that all relevant licenses required to legally operate this business have been obtained or are current. This certificate only records that a business is being conducted.

If the proposed business is to be located in a residence, you must file a "Home Business Affidavit" with the Inspectional Services Department thereby acknowledging compliance with Newton's Home Business Ordinance.

Inspectional Services Department Official

I hereby certify that this business address is in the following zoning district, and is an allowed use in accordance with the revised zoning ordinances of the City of Newton.

SR3

Zoning District

A

Attest

9/20/18

Received in the City Clerk's Office

57

Book

370

Page

And entered in the records of business titles in the City Clerk's Office in the City of Newton



David A. Olson
Newton City Clerk

Time Stamp

RECEIVED
Newton City Clerk
2018 SEP 20 PM 12:40
DAVID A. OLSON, CLERK
NEWTON, MA 02459



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this certificate

LaPlante
#580-18

RMV Division

PLATE TYPE PAN	REGISTRATION NUMBER 7SD751	REGISTRATION TYPE PASSENGER	EFFECTIVE DATE 02/17/17	EXPIRES LAST DAY OF 01 19	TRANSACTION NUMBER 02704844320119
MFERS MODEL YEAR 2017	MAKE TOYT	MODEL CAMRY	BODY STYLE/TYPE SEDAN	COLOR GRAY	Not valid without official signature of Registrar <i>Chae C. Dewey</i>
VEHICLE IDENTIFICATION NUMBER 4T1BF1FK3HU645165		INSURANCE COMPANY PROGRESSIVE DIRECT		TITLE NUMBER BR739893	
RESIDENTIAL ADDRESS (IF DIFFERENT)					IF VEHICLE CARRYING PASSENGERS FOR HIRE, MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED
NAME(S) OF OWNER(S) AND MAILING ADDRESS XCL TITLING TRUST BX 277 WILMINGTON, OH 45177					
FEEES					TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER
REGISTRATION					60.00
TITLE					0.00
SPECIAL PLATES					0.00
SALES TAX					0.00
TOTAL					60.00
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.					

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS STREET ADDRESS CITY, STATE, ZIP CODE
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Important Information for Vehicle Owners

- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.massrmv.com or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.

- Return the registration plates to the RMV immediately if:
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the *Bill of Sale, Title*, and completed *Reassignment of Title* for your records to document the transfer.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Transferring Your Plates: Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer **valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer** while you obtain insurance and a new registration. **All** of the following must be met: **1.** You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*; **2.** You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); **3.** The newly acquired vehicle is of the **same vehicle type** (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the **same registration type** (passenger to passenger, commercial to commercial); and has the **same number of wheels**; and, **4.** The **seller and buyer** properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If **all** of the above are met, you may operate the newly acquired vehicle with the transferred plates **up to 5:00 pm of the 7th calendar day** following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you **must** carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle **and** this *Registration Certificate* when operating the vehicle. See *FAQs About the Seven-Day Registration Transfer Law* on the RMV's website at www.massrmv.com.

No Insurance Card Required: Massachusetts's law does **not** require an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (Registry of Motor Vehicles) if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's office.

Be first in line by going online at www.massrmv.com

- | | |
|---------------------------------|----------------------------------|
| Schedule a Road Test | Request a Duplicate Title |
| Renew Your Driver's License | Request a Duplicate Registration |
| Renew Your Registration | Change Your Address |
| Pay Citations/Court Hearing Fee | Cancel My Plate/Registration |
| Replace Your Driver's License | Order a Special Plate |

NEED TO VISIT AN RMV OFFICE?
SAVE TIME
Complete Your
Application Online!

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

NEW

#580-18
PROGRESSIVE
DIRECT Auto

Policy Number: 913391052

Underwritten by:
Progressive Direct Insurance Co
July 11, 2018
Policy Period: Aug 7, 2018 - Feb 7, 2019
Page 1 of 3

progressive.com

Online Service

Make payments, check billing activity, update
policy information or check status of a claim.

DON LAPLANTE
395 LEXINGTON ST
3
AUBURNDALE, MA 02466

Auto Insurance Coverage Summary

This is your Renewal Coverage Selections Page

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage begins on August 7, 2018 at 12:01 a.m. This policy expires on February 7, 2019 at 12:01 a.m.

This page and any attached endorsements form a part of your policy and contain a full explanation of your coverage. The policy contract is form 9609D MA (11/16). The contract is modified by forms A057 MA (05/14), Z538 MA (05/14), Z624 MA (05/14), Z625 MA (11/07), 9869 MA (05/14) and Z628 MA (11/07).

Drivers and household residents

Additional information

Don LaPlante

Named insured

Alba LaPlante

Outline of coverage

This policy provides only the coverages for which a premium charge is shown.

Auto 1**2017 TOYOTA CAMRY 4 DOOR SEDAN**

VIN: 4T1BF1FK3HU645165

Principal garaging address: 02466

Primary use of the vehicle: Business

Coverages Parts 1-12**Compulsory insurance**

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$394
Personal Injury Protection (Part 2)	\$8,000 each person	\$250	96
Deductible applies to You and household members			
Bodily Injury Caused by An Uninsured Auto (Part 3)	\$50,000 each person/\$100,000 each accident		18
(Compulsory Limits \$20,000/\$40,000)			
Damage to Someone Else's Property (Part 4)	\$50,000 each accident		524
(Compulsory Limit \$5,000)			

Optional insurance

	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$50,000 each person/\$100,000 each accident		63
Collision (Part 7)	Actual Cash Value	\$1,000 w/waiver	1,069
Comprehensive (Part 9)	Actual Cash Value	\$1,000	92
Comprehensive Window Glass			
		\$100 glass	
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		122

Total 6 month policy premium**\$2,378.00****Part 5 - Optional Bodily Injury To Others**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

Premium discounts

Several discounts are available and your premium has been reduced if one or more discounts are indicated below. Contact customer service for further details.

Policy

913391052

Five-Year Accident Free, Electronic Funds Transfer (EFT), Online Quote and Continuous Insurance: Gold

Driver

Don LaPlante

65 Plus

Lienholder and additional interest information

Vehicle	Lienholder	Additional interest
2017 TOYOTA CAMRY	XCHANGE LEASING, LLC	XCHANGE LEASING, LLC
4T1BF1FK3HU645165	Minneapolis, MN 55439	Minneapolis, MN 55439

Driver information

Name		Date of birth
Don LaPlante		Oct 20, 1948
License status	Years licensed	Operator status
Valid	53	Rated

BUS LICENSE RENEWAL APPLICATION

BUS LICENSE HOLDER: KEVIN LEARY VPNE PARKING 343 CONGRESS ST BOSTON 617 451-1393
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
BMEGONAGLE@VPNE.COM
(email address)

Please list below for each Bus:

	VEHICLE REGISTRATION #	VEHICLE ID # (VIN)	ODOMETER READING
1.	<u>LV7S327</u>	<u>1FDEE3FLXGDC32162</u>	<u>39,950</u>
2.	<u>LV7S337</u>	<u>1FDEE3FL5GDC32165</u>	<u>31,450 - BACK UP VEHICLE ONLY</u>
3.			

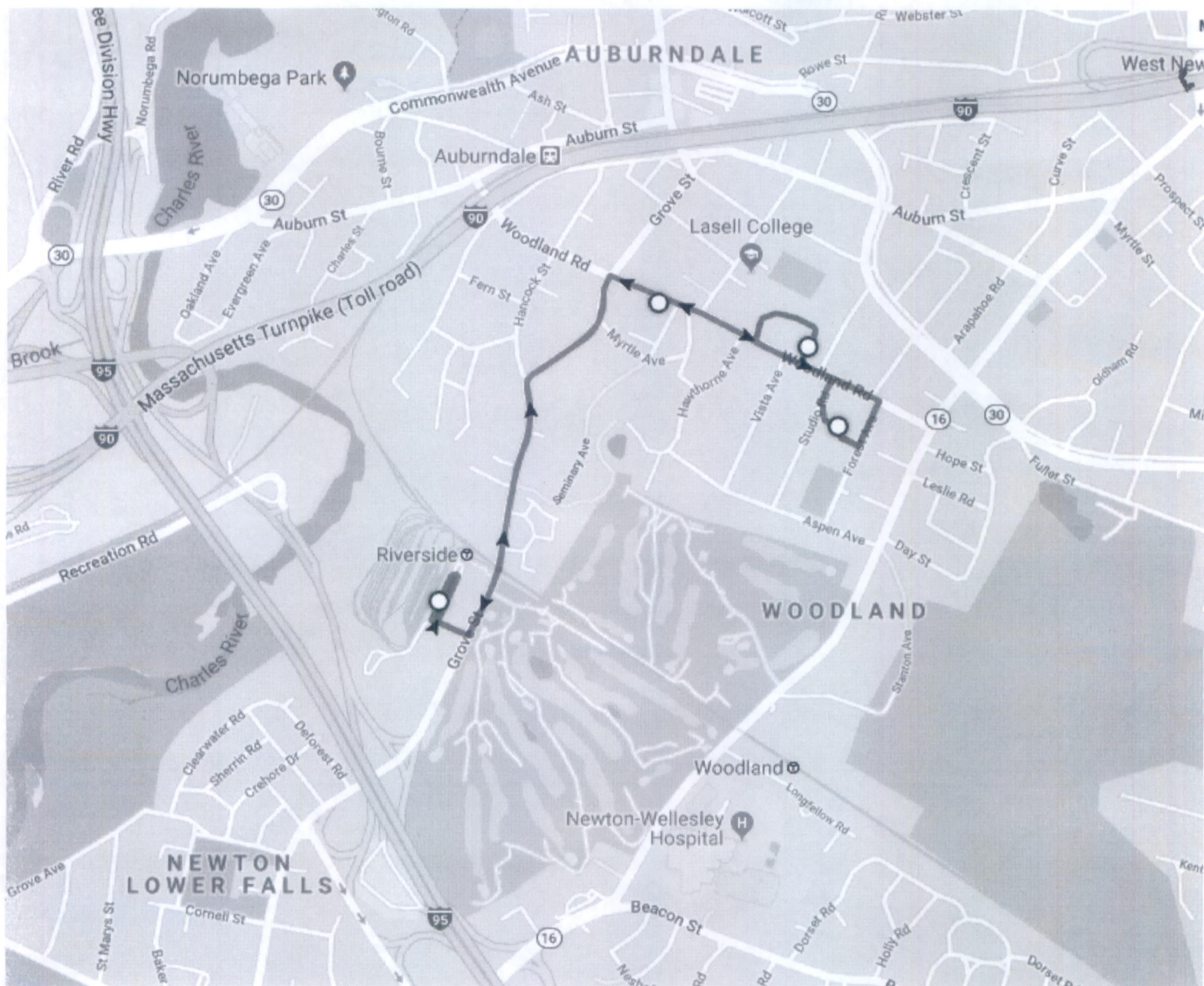
#579-18

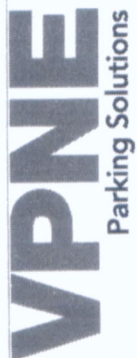
Received
\$ 10 # 35546
Check
(1) BUS
License
Renewal
for
Lasell
College

DAVID A. OLSON, CMO
NEWTON, MA 02459

2010 OCT 17 PM 12:30

RECEIVED
NEWTON CITY CLERK





Lassel Shuttle Ridership: Monday-Friday

Date:

MBTA/ RIVERSIDE	Riders	ARNOW CAMPUS CENTER	Riders	FOREST SUITES	Riders	MBTA/ RIVERSIDE	Riders	ARNOW CAMPUS CENTER	Riders	WOODLAND HALL	Riders	FOREST SUITES	Riders
7:00 AM		7:15 AM		7:20 AM		7:30 AM				7:40 AM		7:45 AM	
8:00 AM		8:15 AM		8:20 AM		8:30 AM		8:40 AM		8:45 AM		8:50 AM	
9:00 AM		9:15 AM		9:20 AM		9:30 AM		Drop Only		10:05 AM			
		10:15 AM		10:20 AM		10:30 AM							
11:00 AM		11:15 AM		11:20 AM		11:30 AM				11:40 AM			
12:00 PM		12:15 PM		12:20 PM		12:30 PM				12:40 PM			
1:00 PM		1:15 PM		1:20 PM		1:30 PM				1:40 PM			
2:00 PM		2:15 PM		2:20 PM		2:30 PM				Drop Only			
3:00 PM		3:15 PM		3:20 PM		3:30 PM				3:40 PM			
4:00 PM		4:15 PM		4:20 PM		4:30 PM				4:40 PM			
5:00 PM		5:15 PM		5:20 PM		5:30 PM				5:40 PM			
6:00 PM		6:15 PM		6:20 PM		6:30 PM				6:40 PM			
7:00 PM		7:15 PM		7:20 PM		7:30 PM				7:40 PM			
8:00 PM		8:15 PM		Drop Only									
9:00 PM		9:15 PM		9:20 PM		9:30 PM				9:40 PM			
9:50 PM		Drop Only											

AM Driver:

PM Driver:



Lasell Shuttle Ridership: Saturday

Date:

Saturday

FOREST SUITES	Riders	WOODLAND HALL	Riders	ARNOW CAMPUS CENTER	Riders	STAR MARKET	Riders	WOODLAND HALL	Riders	NATICK MALL	Riders	MBTA/ RIVERSIDE	Riders
9:20 AM				9:25 AM								9:40 AM	
		9:50 AM		9:55 AM								10:10 AM	
10:25 AM				10:30 AM								10:40 AM	
10:50 AM				11:00 AM						11:30 AM		12:00 PM	
		Drop Only										12:40 PM	
		12:50 PM				12:55 PM						1:05 PM	
1:20 PM				1:25 PM		1:35 PM		1:45 PM				1:55 PM	
2:05 PM				2:10 PM						2:40 PM			
3:15 PM		3:20 PM				3:25 PM						3:30 PM	
3:40 PM						3:55 PM		4:10 PM				4:20 PM	
		4:30 PM										4:40 PM	
4:50 PM				Drop Only									

AM Driver:

PM Driver:



Lasell Shuttle Ridership: Sunday

Date:

Sunday														
FOREST SUITES	Riders	WOODLAND HALL	Riders	ARNOW CAMPUS CENTER	Riders	STAR MARKET	Riders	WOODLAND HALL	Riders	WEGMANS	Riders	CHESTNUT HILL MALL	Riders	MBTA/ RIVERSIDE
9:20 AM				9:25 AM										9:40 AM
		9:50 AM		9:55 AM										10:10 AM
10:25 AM				10:30 AM										10:40 AM
10:50 AM				11:00 AM						11:20 AM		11:30 AM		12:00 PM
		DROP ONLY												12:40 PM
		12:50 PM				12:55 PM								1:05 PM
1:20 PM				1:25 PM		1:35 PM		1:45 PM						1:55 PM
2:05 PM				2:10 PM						2:30 PM		2:40 PM		3:00 PM
3:15 PM		3:20 PM				3:25 PM								3:30 PM
3:40 PM						3:55 PM		4:10 PM						4:20 PM
		4:30 PM												4:40 PM
4:50 PM				DROP ONLY										

AM Driver:

PM Driver:



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: VPNE PARKING SOLUTIONS
Address: 343 CONGRESS ST BOSTON, MA
City/State/Zip: BOSTON MA 02210 Phone #: 617-451-1393

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 1700 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Shuttle Svc + Part-time mgmt

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Liberty Mutual Ins

Insurer's Address: _____

City/State/Zip: Boston, MA

Policy # or Self-ins. Lic. # WA 7610262282016 Expiration Date: 10-17-18

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] ops manager Date: 10-17-18

Phone #: 207 712 7221

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

DRIVER/VEHICLE EXAMINATION REPORT

InSPECT 1.101.0



Massachusetts State Police
Commercial Vehicle Enforcement Section
906 Elm Street
Concord, MA 01742
Phone: (978)369-1004 Fax:

Report Number: MAZG00014036
Inspection Date: 10/15/2018
Start: 9:00 AM ET End: 9:30 AM ET
Inspection Level: V - Terminal
HM Inspection Type: None

VPNE PARKING SOLUTIONS LLC

343 CONGRESS STREET

BOSTON, MA, 02210

USDOT: 2088338

Phone#: (617)451-1393

MC/MX#: 725389

Fax#:

State#:

Location: H-BOSTON

Highway:

County: SUFFOLK

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost: Shipper: N/A

Origin: BOSTON,MA

Bill of Lading: N/A

Destination: BOSTON,MA

Cargo: PASSENGER

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA #	Issued #	OOS Sticker
1	BU	FORD	2016	MA	LV15327	1302	1FDEE3FLXGDC32162	12500	25032738	28478049	

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No violations were discovered

Hazard: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

Report Prepared By:
W. Barry

Badge #:
0004

Copy Received By:

X

X



Vehicle Inspection Report

Please Review This Important Information

Your vehicle has **PASSED** both its **MASSACHUSETTS COMMERCIAL MOTOR VEHICLE SAFETY TEST** and its **EMISSIONS TEST**.

The results are summarized in this report. Keep a copy of the inspection documents with the vehicle as required by the Federal Motor Vehicle Safety Regulations for Inspection, Repair and Maintenance (49 CFR 396.21). Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 1-844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from 7 a.m. to 8 p.m. on Tuesday and Thursday.

1302

Overall Result:	PASS	Vehicle Information		Station Information
Safety Result	PASS	VIN	1FDEE3FLXGDC32162	DORCHESTER TIRE SERVICE I
Emissions Result	PASS	License Plate	LV75327	1160 DORCHESTER AVE
Start Test Date/Time	8/21/2018 12:08 PM	Plate Type/State	LVN / MA	
End Test Date/Time	8/21/2018 12:11 PM	Vehicle Type	BUS	(617) 436-0900
Test Type	Regular	Year / Make	2016 Ford	DORCHESTER MA
Sticker Number	194828115	Model	E-Series Chassis	Station Number PB005235
Inspection Type	Initial	Fuel Type	FLEXIBLE	Workstation Number MAW00001402
Inspection Counter	1	Engine Cyl / Size	8 / 5.4L	Inspector Number *****0297
		GVWR	14000	
		Odometer	49151	

See Page 2 of this report for:

Commercial Vehicle Safety Results

Base Inspection Fee	\$35.00
Station Labor Rate	\$150.00 per hour
Inspection Time	0.7 hour(s)
Total Inspection Fee	\$140.00

On-Board Diagnostic (OBD) Results	OBD Readiness Monitor Results	OBD Additional Data
Tampering Check	PASS Catalyst	READY Miles Since Code Clearing 7289
Connector Result	PASS Catalyst Heater	UNSUPPORTED Warm-Ups Since Code Clearing 85
RPM Result	PASS Evaporative System	READY Pin 16 Voltage 12.5
Key-On Bulb Check	N/A Secondary Air System	UNSUPPORTED
Engine-Running Bulb Check	N/A A/C System	UNSUPPORTED
Scan Tool Check	PASS Oxygen Sensor	READY
Communication Result	PASS Oxygen Sensor Heater	READY
MIL Status Result	PASS EGR and/or VVT System	UNSUPPORTED
Readiness Result	PASS	

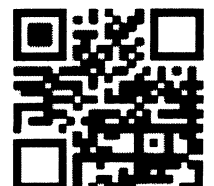
OBD Diagnostic Trouble Codes

OBD Permanent Fault Codes

VIR Number



Scan to visit website





CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate

#579-18

1302
RMV Division

PLATE TYPE LVN	REGISTRATION NUMBER LV75327	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 08/01/18	EXPIRES LAST DAY OF 07 20	MONTH 07	YEAR 20	TRANSACTION NUMBER 02817701292770	
MPRS MODEL YEAR 2016	MAKE STAR	MODEL ALLSTA	BODY STYLE/TYPE VAN	COLOR WHITE	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 14	TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.
VEHICLE IDENTIFICATION NUMBER 1FDEE3FLXGDC32162		INSURANCE COMPANY LIB MUT FIRE INS		TITLE NUMBER BR659620		REGISTRAR <i>Chen C. Jurney</i>		
RESIDENTIAL ADDRESS (IF DIFFERENT)								
NAME(S) OF OWNER(S) AND MAILING ADDRESS 005032 ****AUTO**ALL FOR AADC 021 VPNE PARKING SOLUTIONS LLC 343 CONGRESS ST LBBY 3 BOSTON MA 02210-1214						FEES REGISTRATION 168.00 TITLE 0.00 SPECIAL PLATES 0.00 SALES TAX 0.00 TOTAL 168.00		
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.								

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS STREET ADDRESS CITY, STATE, ZIP CODE
--	--

Important Information for Vehicle Owners

- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.massrmv.com. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- Cancel the registration plates if:
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the Bill of Sale, Title, and completed Reassignment of Title for your records to document the transfer.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.
- **No Insurance Card Required:** Massachusetts's law does not require an Insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for bodily injury coverage and property damage insurance. An insurer is required by law to electronically notify the RMV if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration section on the RMV's website at www.massrmv.com for more information.

PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.
 2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
 3. Firmly rub the decal to adhere it to the plate.
- For best results, bring decal to room temperature before affixing to the plate.



The best way to renew your registration is online at
www.massrmv.com

200610793



VPNEPAR-01

RACHELRUBIN

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 10/10/2018

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 NFP Property & Casualty Services, Inc. PO Box 2127 620 Hinesburg Road South Burlington, VT 05407		CONTACT NAME: Linda Bogardus PHONE (A/C, No, Ext): (802) 651-3340 FAX (A/C, No): (802) 658-9419 E-MAIL ADDRESS: linda.bogardus@nfp.com	
INSURED VPNE Parking Solutions, LLC 343 Congress Street, 3rd Floor Boston, MA 02210		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Liberty Mutual Fire Insurance Co	
		INSURER B: Liberty Insurance Corp	
		INSURER C: Ohio Security Insurance Company	
		INSURER D: Federal Insurance Company	
		INSURER E:	
INSURER F:		NAIC #	

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	TB2-611262282-028	10/08/2018	10/08/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AS2-611262282-038	10/08/2018	10/08/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 2,000,000 PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		TH7611262282047	10/08/2018	10/08/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WA7-61D262282-018	10/08/2018	10/08/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Business Income		BKS1957599096	10/08/2018	10/08/2019	ALS up to 12 months \$ 1,000,000
D	Employee Dishonesty		82092704	10/08/2018	10/08/2019	\$25,000 Ded \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Garagekeepers - Other States Policy: #AS2611262282 Term 10/08/18 to 10/08/19 Primary \$1,000,000 Limit with \$10,000 ded Comp & Collision included on the auto policy.

Garage Liability - All States Policy: #AS2611262282 Term 10/08/18 to 10/08/19 \$1,000,000 Limit \$0 Deductible

MA Garagekeepers: #2705396 Term 11/10/2017 to 11/10/2018 \$1,000,000 Max Limit for all locations scheduled with \$1,250 Max Deductible Comp & Collision

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

"For Insurance Purposes Only"

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

Mark T. Wells

AGENCY CUSTOMER ID: VPNEPAR-01

RACHELRUBIN

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY NFP Property & Casualty Services, Inc.		NAMED INSURED VPNE Parking Solutions, LLC 343 Congress Street, 3rd Floor Boston, MA 02210	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Professional Errors & Omissions: #003312300 Term 10/08/18 to 10/08/19 \$1,000,000 Limit with \$5,000 Retention

General Certificate of Insurance

Taxi/Public Auto List**Annual taxi license/public auto inspections****12/05/18 Public Safety & Transportation Committee**

Docket #	Company and Business Address	Contact and Business Phone	Medallion/PA
#582-18	Veterans Taxi of Newton, LLC. 224 Calvary Street Waltham, MA 02453	Michael Antonellis 781-693-5423	1-5, 7-11, 14, 18-21, 23-26, 29, 52, 63-64, 66, 68-70, 72, 75-85 (Total 38)
#583-18	Holden's Taxi, Inc. 50 Union Street Newton, MA 02459	George Marry 617-244-2404	Medallion 60
#584-18	Newtonville Cab Co., Inc. 50 Union Street Newton, MA 02459	George Marry 617-244-2404	Medallions 54, 55
#585-18	Newton Taxi Co. 50 Union Street Newton, MA 02459	George Marry 617-244-2404	Medallions 56,57,58
#581-18	Mahase Livery Services, LLC 60 Solon Street Newton, MA 02461	Dhanraj Mahase 774-444-9888	PA
#580-18	Don's Car Service, Inc. 395 Lexington Street, Apt. 3 Auburndale, MA 02466	Donald LaPlante 617-962-4446	PA

| #~~598-18~~—18 Draft (redline) for discussion:

Sec. 19-200 (A) (5) c)

| Resident parking stickers ~~shall expire on December 31~~ are valid from July 1 to June 30 of each year.

Sec. 19-201 (B) (5) c)

| Resident parking stickers ~~shall expire on December 31~~ are valid from July 1 to June 30 of each year.

Sec. 19-201 (C) (3)

| Visitor parking permits shall show the permit's effective year and ~~shall expire on~~
~~December 31~~ are valid from July 1 to June 30 of each year.



RUTHANNE FULLER
MAYOR

City of Newton, Massachusetts
Office of the Mayor

Tel #617-796-1100
(617) 796-1100

Telefax
(617) 796-1113

TDD
(617) 796-1089

E-mail
rfuller@newtonma.gov

November 28, 2018

Honorable City Council
Newton City Hall
1000 Commonwealth Avenue
Newton Centre, MA 02459

Councilors:

I write to request that your Honorable Council docket for consideration a request to transfer the sum of \$95,844.51 from Acct # 34AA210J-58504, 2017 Fire Pumper Replacement to the following Fire Department accounts.

\$60,000 to Acct # 0121006-58501 Automobiles/Light Trucks to replace the Shift Commanders Vehicle (C2) that was totaled in a Thanksgiving Eve auto accident,

\$10,000 to Acct # 0121008-5319 Training Expenses to cover the City's portion of the Health and Wellness Grant,

\$15,000 to Acct # 0121005-585171 Housekeeping Equipment for gear lockers for Station 2, and

\$10,000 to Acct # 0121005-52407 Public Building Repairs & Maint for the installation of extractors and dryers for stations 1 and 2.

The City has purchased the Pumper and was fortunate to have funds remaining in the account. Thank you for your consideration of this matter.

Sincerely,

Ruthanne Fuller
Mayor

RECEIVED
Newton City Clerk
2018 NOV 29 PM 5:00
DAVID A. OLSEN, CMO
NEWTON, MA 02459



Bruce A. Proia
Chief

CITY OF NEWTON, MASSACHUSETTS
FIRE DEPARTMENT HEADQUARTERS

1164 Centre Street, Newton Center, MA 02459-1584
Chief: (617) 796-2210 Fire Prevention: (617) 796-2230
FAX: (617) 796-2211 EMERGENCY: 911



Ruthanne Fuller
Mayor

November 28, 2018

Maureen Lemieux
CFO
City of Newton
1000 Commonwealth Ave
Newton, MA 02459

Maureen,

With this letter, The Newton Fire Department is requesting to transfer \$60,000 of the special appropriation funding from our 2017 Fire Pumper Engine 3 account number 34AA210J-58504, (there is currently \$95,844.51 remaining) into our small vehicle account number 0121006-58501. This request is to replace the Shift Commanders Vehicle (C-2) which was totaled in a Thanksgiving Eve auto accident. The Shift Commanders Vehicle responds to over 2,500 calls a year and is responsible for the entire City during their 24 hour shift. It runs 24-7, 365 days a year.

In addition, we are requesting to docket \$10,000 from the 2017 Fire Pumper account # 34AA210J-58504 to cover for City's portion of a Health and Wellness Grant that we were awarded from the Assistance to Firefighter Grant Program (AFG). This will allow all 186 Firefighters to enter in the program. If approved, the budget account number for the \$10,000 to be transferred into is 0121008-5319.

With the additional remaining funding from the 2017 Fire Pumper Engine 3 account number 34AA210J-58504, we request \$15,000 to purchase gear lockers for Station 2. The lockers the Firefighters are currently using are donated high school lockers and are not meant to store Firefighter gear they are not properly ventilated. If approved, the budget account number for the \$15,000 to be transferred into is 0121005-585171.

The final \$10,000 from the account would be used for installation of extractors and dryers for station 1 and 2. This will be a great help with the removal of carcinogens on Firefighter gear which is the most important to Firefighter health. If approved, the budget account number to the \$10,000 to be transferred in is 0121005-52407.

Thank you for your consideration to this request

A handwritten signature in black ink, appearing to read "BR".
Bruce Proia
Chief of Department

#578-18 DRAFT FOR DISCUSSION PURPOSES

Sec. 19-174 (b) *Other Vehicles*: From ~~November~~December 15th through April 1st
15th, it shall be unlawful for any vehicle, other than one acting in an emergency, to be parked on any street, way, highway, road parkway, or private way dedicated or open to the use of the public for a period of time longer than one hour between the hours of 2:00 a.m. and 6:00 a.m.