



Public Safety & Transportation Committee Agenda

City of Newton **In City Council**

Wednesday, March 4, 2020

8:00 PM Note late start time
Room 205

Items Scheduled for Discussion:

- #107-20 Requesting new public auto license**
NOEL DIAZ, 9 Elmwood Park, #2, Newtonville, MA 02460 requesting **one (1) new public auto license** for Newton Limos Company, LLC.
- #108-20 Requesting new public auto license**
JOSE GREGORIO CEDENO, 9 Elmwood Park, Newtonville, MA 02460 requesting **one (1) new public auto license** for Bace Limousine Services, LLC.
- #129-20 Requesting new public auto license**
ISMAIL UNKOC 184 River Street, West Newton, MA 02465 requesting **one (1) new public auto license** for Izmo Limo, LLC.
- #75-20 Requesting ordinance amendment to procedure for obtaining licenses**
CAPTAIN ANASTASIA, NEWTON POLICE DEPARTMENT requesting an amendment to **Chapter 19-332 (e) Procedure for obtaining licenses** in the following sentence: ...The committee shall forward its recommendations for approval or denial to the full city council during the month of ~~January~~ December of each year.
- #158-20 Requesting ordinance amendment to procedure for obtaining licenses for vans**
CAPTAIN ANASTASIA, NEWTON POLICE DEPARTMENT requesting an amendment to **Chapter 19-339 (g) Van licenses. Procedure for renewal of van licenses:** in the following sentence: ...The committee shall forward its recommendations for approval or denial to the full city council during the month of ~~January~~ December of each year.

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.

#128-20 Resolution to the State Legislature to support funding for transportation
COUNCILORS DOWNS, AUCHINCLOSS AND BOWMAN requesting a RESOLUTION
to the STATE LEGISLATURE supporting additional funding for CLEAN, EQUITABLE
transportation.

Chair's Note: The committee will dedicate time to discussing its priorities for the term, in light
of public comment, input from civic groups, and discussion with the administration.

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

Respectfully submitted,

Jacob D. Auchincloss, Chair

23/01/2020

#107-20

Newton City Council

Newton Limos company Request
a new public Auto Licence.



1/23/20
Received \$25.00

RECEIVED
Newton City Clerk
2020 JAN 23 PM 4:04
David A. Olson, CMC
Newton, MA 02459



#107-20

Bill Cart

Items In Cart:

1

Subtotal:

\$ 25.00

View Cart

Checkout

January 23, 2020 at 4:10 pm

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System	2020	1	DIAZ	ONLINE	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

These charges will appear as "Newton, MA" and "CITY HALL SYSTEMS".

Transaction Code: CHS-NEWTON-MA-US-3094087

Reference Code: 108914995/108915002

An email receipt was sent to no@email.com.

[Print Receipt](#)

[Return to ePOS Catalog](#)



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For help, Monday-Friday 8:30AM-5PM ET, please call 508-381-5455.

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**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 City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: NOEL C. DIAZ
2. Business Name: Newton Limos company LLC
Business Address: 9 elmwood Park #2 Newtonville 02460
Business Telephone Number: 508 577 0533
email address: noeldiaz02@yahoo.com
3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:

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:

NOEL C. DIAZ 9 elmwood Park #2 Newtonville

7. If the business is a partnership, please state the name and address of each partner:

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):

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:

508 577 0533

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: NOEL C. DIAZ Newton Limos company 9 elmwood park #2 newtonville
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)
noeldiaz02@yahoo.com 508 577 0533
 (email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 nd INSPECTION (mileage & meter #)
1. <u>588175</u>	<u>-</u>	<u>(2G61M5S33K9115510)</u>	<u>(22000 ML)</u>	<u>-</u>	<u>-</u>	<u>-</u>
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

NOEL S. DIAZ

Please Print Legibly

Business/Organization Name: Newton Limos company LLC

Address: 9 Elmwood Park #2 Newtonville

City/State/Zip: Newton, MA, 02460 **Phone #:** 508 577 0533

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 Public Auto

*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: [Signature]

Date: 01/23/2020

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 #: _____

www.mass.gov/dia

Mass. Corporatio...
corp.sec.state.ma.us



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Search the Secretary's website

Search

Corporations Division

Business Entity Summary

ID Number: 001420768

Request certificate

New search

Summary for: NEWTON LIMOS COMPANY LLC

The exact name of the Domestic Limited Liability Company (LLC): NEWTON LIMOS COMPANY LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001420768

Date of Organization in Massachusetts: 01-15-2020

List date certain:

The location or address where the records are maintained (A PO box is not a valid location or address):

Address: 9 ELMWOOD PARK APT 2

City or town, State, Zip code, Country: NEWTONVILLE, MA 02460-1809 USA

The name and address of the Resident Agent:

Name: MARIA A OCANDO

Address: 9 ELMWOOD PARK APT 2

City or town, State, Zip code, Country: NEWTONVILLE, MA 02460 USA

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	NOEL C DIAZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460 USA

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address
SOC SIGNATORY	NOEL C DIAZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address
REAL PROPERTY	NOEL C DIAZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460 USA

☐ Consent

☐ Confidential Data

☐ Merger Allowed

☐ Manufacturing

View filings for this business entity:

ALL FILINGS

View filings

Comments or notes associated with this business entity:

New search

William Francis Galvin, Secretary of the Commonwealth of Massachusetts

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[Accessibility Statement](#)



CERTIFICATE OF REGISTRATION #107-20
M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE LVN		REGISTRATION TYPE Livery Normal		PLATE NUMBER LV88175		EFFECTIVE DATE 21-Jan-2020		TITLE NUMBER EXPIRES ON 31-May-2021	
MODEL YEAR 2019	MAKE CADI	MODEL XTS	MODEL NUMBER	BODY STYLE SEDAN	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 2G61M5S33K9115510			
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER			
GARAGE ADDRESS 9 ELMWOOD PARK APT 2 NEWTONVILLE MA 02460-1809						US DOT NUMBER FOR COMMERCIAL VEHICLE			
NAME(S) OF OWNER(S) AND MAILING ADDRESS NOEL C DIAZ 9 ELMWOOD PARK APT 2 NEWTONVILLE MA 02460-1809						INSURANCE COMPANY Progressive Direct Insurance Company			
						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE			
LESSEE/IN CUSTODY OF						<i>James J. Jelen</i> Registrar of Motor Vehicles			
SPECIAL MESSAGE						CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE			

Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit mass.gov/rmv to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, 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. The insurer is required by law to electronically notify the 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.
- **Transferring Your Plates:** Massachusetts General 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 mass.gov/rmv for more information.
- **Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - 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.

Skip the Line. Go Online! Visit Mass.Gov/RMV for list of available transactions.

Your ID Cards


Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

✂

NOEL DIAZ



Form A022 (03/11)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM
Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

INSURANCE IDENTIFICATION CARD - Massachusetts

Policy Number: 01692546-0
Effective Date: 01/21/2020 **Expiration Date:** 01/21/2021
Policy Type: Commercial
Insurer: Progressive Casualty Insurance Co 1-800-444-4487
P.O. BOX 94739 Cleveland, OH 44101
Named Insured(s):
NOEL DIAZ
Your agent:
LIGHTHOUSE INSURANCE, INC. 617-468-3777
470 W BROADWAY
S BOSTON, MA 02127

Year	Make	Model	VIN
2019	CADILLAC	XTS	2G61M5S33K9115510

TEMPORARY

TEMPORARY

Manage your policy anytime,
with just a few clicks at
progressiveagent.com

FERNANDA GOMES
LIGHTHOUSE INSURANCE
470 W BROADWAY
S BOSTON, MA 02127

PROGRESSIVE
COMMERCIAL

NOEL DIAZ
9 ELMWOOD PARK APT 2
NEWTON, MA 02460

Policy number: 01692546-0

Underwritten by:
Progressive Casualty Insurance Co
January 21, 2020
Policy Period: Jan 21, 2020 - Jan 21, 2021
Online Service
progressiveagent.com
Customer Service
1-800-444-4487

Payment Receipt for commercial auto insurance initial payment

Payment information

Receipt for your initial payment

Amount: \$4,135.00
Payment Method: Credit Card
Card Type: Credit
Account number: ***** 3959
Confirmation number: 43330Z
Transaction date and time: Jan 21, 2020 3:51 pm
Merchant ID: Progressive Casualty Insurance Co
Form Payrec (08/09)

FERNANDA GOMES
LIGHTHOUSE INSURANCE
470 W BROADWAY
S BOSTON, MA 02127

PROGRESSIVE
COMMERCIAL

Underwritten by:
Progressive Casualty Insurance Co
January 21, 2020
Policy Period: Jan 21, 2020 - Jan 21, 2021
Page 1 of 3

NOEL DIAZ
9 ELMWOOD PARK APT 2
NEWTON, MA 02460

Customer Phone number: 1-508-577-0533

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Casualty Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Passenger Transportation (For Hire)
Sub business type: Black Car Services

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$9,761.00
Paid in full discount	-1491.00
Policy premium if paid in full	\$8,270.00

Payment plans

Payment Method: 11 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$9,761.00	\$941.82	10 payments of \$884.92
11 Payments, 12.5% Down	\$9,761.00	\$1,272.63	10 payments of \$851.84
11 Payments, 16.67% Down	\$9,761.00	\$1,677.16	10 payments of \$811.39
10 Payments, 20.0% Down	\$9,761.00	\$2,000.20	9 payments of \$865.32
6 Pay, Seasonal, 20.0% Down	\$9,761.00	\$2,000.20	5 payments of \$1,555.16
10 Payments, 25.0% Down	\$9,761.00	\$2,485.25	9 payments of \$811.42
4 Pay, Seasonal, 25.0% Down	\$9,761.00	\$2,485.25	3 payments of \$2,428.25
3 Pay, Quarterly, 40.0% Down	\$9,761.00	\$3,940.40	2 payments of \$2,913.30

Make payments by mail or at progressiveagent.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$9,761.00	\$941.82	10 payments of \$887.92
11 Payments, 12.5% Down	\$9,761.00	\$1,272.63	10 payments of \$854.84
11 Payments, 16.67% Down	\$9,761.00	\$1,677.16	10 payments of \$814.39
10 Payments, 20.0% Down	\$9,761.00	\$2,000.20	9 payments of \$868.32
6 Pay, Seasonal, 20.0% Down	\$9,761.00	\$2,000.20	5 payments of \$1,558.16
10 Payments, 25.0% Down	\$9,761.00	\$2,485.25	9 payments of \$814.42
4 Pay, Seasonal, 25.0% Down	\$9,761.00	\$2,485.25	3 payments of \$2,431.25


Continued

4 Pay, Quarterly, 25.0% Down	\$9,761.00	\$2,485.25	3 payments of \$2,431.25
3 Pay, Quarterly, 40.0% Down	\$9,761.00	\$3,940.40	2 payments of \$2,916.30
2 Payments, 50.0% Down	\$9,761.00	\$4,910.50	1 payment of \$4,856.50
1 Payment	\$8,270.00	\$8,270.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-617-464-3777**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Years of driving experience	Points	Additional information
NOEL DIAZ	36	1	

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$6,190
Compulsory Bodily Injury Liability	\$20,000 each person/\$40,000 each accident		
Compulsory Property Damage Liability	\$5,000 each accident		
Optional Bodily Injury / Property Damage	\$1,000,000 combined single limit		
Uninsured Motorist Bodily Injury	\$20,000 each person/\$40,000 each accident		47
Underinsured Motorist Bodily Injury	\$20,000 each person/\$40,000 each accident		81
Personal Injury Protection	\$8,000 limit per person	\$0	811
Comprehensive			405
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,167
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$9,701
Additional Insured Fee			60
Total 12 month policy premium and fees			\$9,761

Auto coverage schedule

- 2019 CADILLAC XTS** Stated Amount: * \$19,000 (including Permanently Attached Equip)
VIN: **2G61M5S33K9115510** Garaging Zip Code: 02460 Territory: 19 Radius: 50 miles
Personal use: N Body type: Luxury Auto Use class: J

Liability Premium	Liability	UM BI	UIM BI	PIP	
	\$6190	\$47	\$81	\$811	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Coll Waiver Deductible	Coll Waiver Premium	Auto Total
	\$1000	\$405	\$1000	\$2167	\$9,701

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2020

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 Lighthouse Insurance Agency, Ltd 470 West Broadway South Boston MA 02127	CONTACT NAME:	FAX (A/C, No): (617) 464-3888
	PHONE (A/C, No, Ext): (617) 464-3777	
INSURED Noel Diaz 9 ELMWOOD PARK APT 2 NEWTONVILLE MA 02460	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Progressive Ins Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** CL2012140682**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 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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			01692546-0	01/21/2020	01/21/2021	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB 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						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate is provided to Holder as proof of active coverage for above Named Insured.
2019 Cadil Xts 2G61M5S33K9115510
Noel Diaz S96549714 DOB: 09/26/1966

CERTIFICATE HOLDER**CANCELLATION**

Massachusetts Port Authority
1 Harborside Drive
Suite 200S
East Boston MA 02128

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

©1988-2015 ACORD CORPORATION. All rights reserved.



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DATE (MM/DD/YYYY)

01/21/2020

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PRODUCER Lighthouse Insurance Agency, Ltd 470 West Broadway South Boston MA 02127	CONTACT NAME:	FAX (A/C, No): (617) 464-3888	
	PHONE (A/C, No, Ext): (617) 464-3777		
INSURED Noel Diaz 9 ELMWOOD PARK APT 2 NEWTONVILLE MA 02460	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Progressive Ins Co		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: CL2012140682

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 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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			01692546-0	01/21/2020	01/21/2021	
	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 Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate is provided to Holder as proof of active coverage for above Named Insured.
2019 Cadil Xts 2G61M5S33K9115510
Noel Diaz S96549714 DOB: 09/26/1966

CERTIFICATE HOLDER**CANCELLATION**

Uber Boston

Boston

MA

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2020

#107-20

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 Lighthouse Insurance Agency, Ltd 470 West Broadway South Boston MA 02127		CONTACT NAME: PHONE (A/C, No, Ext): (617) 464-3777 FAX (A/C, No): (617) 464-3888 E-MAIL ADDRESS:															
INSURED Noel Diaz 9 ELMWOOD PARK APT 2 NEWTONVILLE MA 02460		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Progressive Ins Co</td><td></td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Progressive Ins Co		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A : Progressive Ins Co																	
INSURER B :																	
INSURER C :																	
INSURER D :																	
INSURER E :																	
INSURER F :																	

COVERAGES**CERTIFICATE NUMBER:** CL2012140682**REVISION NUMBER:**

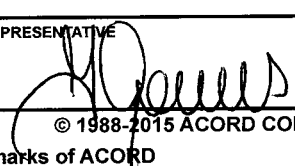
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 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 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			01692546-0	01/21/2020	01/21/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 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 <input type="checkbox"/> 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	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate is provided to Holder as proof of active coverage for above Named Insured.
2019 Cadil Xts 2G61M5S33K9115510
Noel Diaz S96549714 DOB: 09/26/1966

CERTIFICATE HOLDER**CANCELLATION**

CERTIFICATE HOLDER Lyft Boston Boston MA	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 
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© 1988-2015 ACORD CORPORATION. All rights reserved.

Date of this notice: 01-22-2020

Employer Identification Number:
84-4381965

Form: SS-4

Number of this notice: CP 575 G

NEWTON LIMOS COMPANY LLC
NOEL C DIAZ SOLE MBR
9 ELMWOOD PARK APT 2
NEWTONVILLE, MA 02460

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-4381965. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is NEWT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

01-22-2020 NEWT O 9999999999 SS-4 #107-20

CP 575 G (Rev. 7-2007)

CP 575 G

999999999999

DATE OF THIS NOTICE: 01-22-2020
EMPLOYER IDENTIFICATION NUMBER: 84-4381965
FORM: SS-4 NOBOD

NEWTON LIMOS COMPANY LLC
NOEL C DIAZ SOLE MBR
9 ELMWOOD PARK APT 2
NEWTONVILLE, MA 02460

City Council

2020-2021

City of Newton



February 19, 2020

Noel Diaz
Newton Limos Company, LLC.
9 Elmwood Park, #2
Newtonville, MA 02460

Dear Mr. Diaz,

The Public Safety & Transportation Committee will review and discuss your public auto license application to operate Newton Limos Company, LLC. on Wednesday, March 4, 2020 at 8:00 p.m. in Room 205, Newton City Hall, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

It is important that you attend in order for the Committee to review your application in a timely manner because we would like the City Council to vote on this application at their last scheduled meeting on March 16, 2020.

Thank you for your attention to this matter. If you have any questions, please contact me at (617) 796-1211.

We look forward to meeting you.

Sincerely,

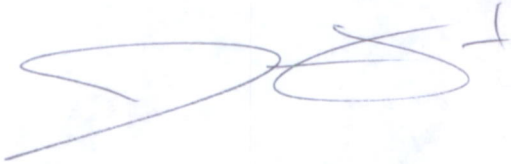
Danielle Delaney
Committee Clerk
Public Safety & Transportation Committee
City Council

01/23/2020

#108-20

Newton City Council

Base Limousine Services LLC, is request a
New Public Auto license.



Received 1/23/20
\$25.00

RECEIVED
Newton City Clerk

2020 JAN 23 PM 4:12

David A. Olson, CMC
Newton, MA 02459



Bill Cart
 Items In Cart: 1
 Subtotal: **#108-20 \$ 25.00**
[View Cart](#) [Checkout](#)

January 23, 2020 at 4:11 pm

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2020	1	CEDENO	ONLINE	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

These charges will appear as "Newton, MA" and "CITY HALL SYSTEMS".

Transaction Code: CHS-NEWTON-MA-US-3094093

Reference Code: 108915191/108915195

An email receipt was sent to no@email.com.

[Print Receipt](#)

[Return to ePOS Catalog](#)



Copyright © 2020 - City Hall Systems, Inc. - All Rights Reserved.
 For questions or comments, please email: ePay@CityHallSystems.com
 For help, Monday-Friday 8:30AM-5PM ET, please call 508-381-5455.

[Terms & Conditions of Use](#)
[Security & Privacy](#)

#108-20

**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 City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: Jose Gregorio Cedeno
2. Business Name: Bace Limousine Services LLC
Business Address:
Business Telephone Number: 786 2715814
email address: cedenogreg@comcast.net

3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

Sole Proprietor LLC

6. If the business is a sole proprietor, please state the full name and address of the owner:

Jose Gregorio Cedeno
Bace Limousine Services LLC
9 Elmwood Park Newtonville MA 02460

7. If the business is a partnership, please state the name and address of each partner:

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):

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:

Jose Gregorio Cedeno / 786 2715814

#108-20

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: Lore Gregorio Cadeno Dore Limousine Service Inc 9 Elmwood Park, Newtonville 02460 MA (7862315814)
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
Cadenogreg@aol.com
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 nd INSPECTION (mileage & meter #)
1. <u>LV85929</u>		<u>1GNSCHK24GR242566</u>	<u>55,000</u>			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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: Baca LIMOUSINE services LLC

Address: 9 Elmwood Park Newtonville MA

City/State/Zip: Newtonville MA 02460 Phone #: 786 280 0937 / 786 271 5814 (Mov:1)

Are you an employer? Check the appropriate box:

1. ☐ I am a 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 Public Auto

*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: _____ Date: 01/23/2020

Phone #: _____

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

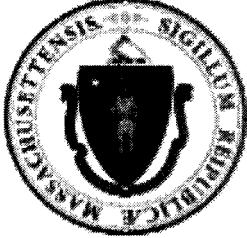
City or Town: _____ Permit/License # _____

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 #: _____

#108-20



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Identification Number: 0014114521. The exact name of the limited liability company is: BACE LIMOUSINE SERVICES LLC

2a. Location of its principal office:

No. and Street: 9 ELMWOOD PARK APT 2
 City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 9 ELMWOOD PARK APT 2
 City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
LIMOUSINE AND TRANSPORTATION SERVICES

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JOSE GREGORIO CEDENO GOMEZ
 No. and Street: 9 ELMWOOD PARK APT 2
 City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USA

I, JOSE GREGORIO CEDENO GOMEZ resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	JOSE GREGORIO CEDENO GOMEZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	JOSE GREGORIO CEDENO GOMEZ	9 ELMWOOD PARK APT 2

NEWTONVILLE, MA 02459 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JOSE GREGORIO CEDENO GOMEZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 14 Day of November, 2019,
JOSE GREGORIO CEDENO GOMEZ

(The certificate must be signed by the person forming the LLC.)



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION
#108-20

EXTERNAL CODE LVN		REGISTRATION TYPE Livery Normal		PLATE NUMBER LV85929		EFFECTIVE DATE 01-Oct-2019		TITLE NUMBER EXPIRES ON 30-Sep-2021	
MODEL YEAR 2016	MAKE CHEV	MODEL SUBURB	MODEL NUMBER	BODY STYLE SEDAN	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 1GNSCHKC4GR242566			
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER			
GARAGE ADDRESS 9 ELMWOOD PARK NEWTONVILLE MA 02460-1809						US DOT NUMBER FOR COMMERCIAL VEHICLE			
NAME(S) OF OWNER(S) AND MAILING ADDRESS JOSE G CEDENO AND NORMA B SOSA 9 ELMWOOD PARK NEWTONVILLE MA 02460-1809						INSURANCE COMPANY United Financial Casualty Company			
						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE 7			
LESSEE/IN CUSTODY OF						<i>James J. Jelen</i> Registrar of Motor Vehicles			
SPECIAL MESSAGE					CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE				

Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit mass.gov/rmv to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, 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. The insurer is required by law to electronically notify the 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.
- **Transferring Your Plates:** Massachusetts General 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 mass.gov/rmv for more information.
- **Cancel the registration plates if:**
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - 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.

Skip the Line. Go Online! Visit Mass.Gov/RMV for list of available transactions.

CHARLES OBEID INS
1895 CENTRE ST
WEST ROXBURY, MA 02132
1-617-327-0003

PROGRESSIVE
COMMERCIAL

Policy number: **#108-20**
01182811-0

Underwritten by:
UNITED FINANCIAL CASUALTY COMPANY
November 26, 2019
Page 1 of 2

Certificate of Insurance

Certificate Holder

JOSE CEDENO
52 CLITHEROSE ST
LOWELL, MA 01852

Insured

JOSE CEDENO
52 CLITHEROSE ST
LOWELL, MA 01852

Agent/Surplus Lines Broker

CHARLES OBEID INS
1895 CENTRE ST
WEST ROXBURY, MA 02132

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Oct 1, 2019

Policy Expiration Date: Oct 1, 2020

Insurance coverage(s)

Limits

COMPULSORY BI/PD LIABILITY	\$20,000/\$40,000/\$5,000
OPTIONAL BI/PD LIABILITY	\$1,000,000 COMBINED SINGLE LIMIT
UNINSURED MOTORIST BODILY INJURY	\$20,000/\$40,000
UNDERINSURED MOTORIST BODILY INJURY	\$20,000/\$40,000
PERSONAL INJURY PROTECTION	\$0 DED NAMED INSURED ONLY

Description of Location/Vehicles/Special Items

Scheduled autos only

2016 CHEVROLET SUBURBAN C1500/ 1GNSCHKC4GR242566

Stated Amount \$25,000

COMPREHENSIVE	\$1,000 DED /GLASS
COLLISION	\$1,000 DED W/WAIVER

Policy number: 0118281108-20

Page 2 of 2

Certificate number

33019NET811

A handwritten signature in black ink, appearing to be "F. R. [unclear]".

Form 5241 (10/02)

CHARLES OBEID INS
1895 CENTRE ST
WEST ROXBURY, MA 02132
1-617-327-0003

PROGRESSIVE
COMMERCIAL

#108-20
Policy number: 01182811-0
Underwritten by:
United Financial Casualty Company
November 7, 2019
Page 1 of 1

Certificate of Insurance

Certificate Holder

Additional Insured
MASSACHUETTS PORT AUTHORITY
1 HARBOR SIDE DR
E BOSTON, MA 02128

Insured

JOSE CEDENO
52 CLITHEROSE ST
LOWELL, MA 01852

Agent

CHARLES OBEID INS
1895 CENTRE ST
WEST ROXBURY, MA 02132

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Oct 1, 2019

Policy Expiration Date: Oct 1, 2020

Insurance coverage(s)

Limits

Compulsory BI/PD Liability

\$20,000/\$40,000/\$5,000

Optional BI/PD Liability

\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2016 CHEVROLET SUBURBAN C1500/ 1GNSCHKC4GR242566

Certificate number

31119NFR811

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.



CHARLES OBEID INS
1895 CENTRE ST
WEST ROXBURY, MA 02132
1-617-327-0003

PROGRESSIVE
COMMERCIAL

Policy number: 01182811-0 **#108-20**

Underwritten by:
United Financial Casualty Company
November 7, 2019
Page 1 of 1

Certificate of Insurance

Certificate Holder

Additional Insured
UBER
168 BROADWAY #200
SAUGUS, MA 01906

Insured

JOSE CEDENO
52 CLITHEROSE ST
LOWELL, MA 01852

Agent

CHARLES OBEID INS
1895 CENTRE ST
WEST ROXBURY, MA 02132

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Oct 1, 2019

Policy Expiration Date: Oct 1, 2020

Insurance coverage(s)

Limits

Compulsory BI/PD Liability

\$20,000/\$40,000/\$5,000

Optional BI/PD Liability

\$1,000,000 Combined Single Limit

Description of Location/Vehicles/Special Items


Scheduled autos only

2016 CHEVROLET SUBURBAN C1500/ 1GNSCHKC4GR242566

Certificate number

31119NFR811

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.



Date of this notice: **#108-20**
11-22-2019

Employer Identification Number:
84-3773450

Form: SS-4

Number of this notice: CP 575 G

BACE LIMOUSINE SERVICES
JOSE GREGORIO CEDENO GOMEZ SOLE MBR
9 ELMWOOD PARK APT 2
NEWTONVILLE, MA 02460

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-3773450. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BACE. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

City Council

2020-2021

City of Newton



February 19, 2020

Jose Gregorio Cedeno
Bace Limousine Services, LLC.
9 Elmwood Park
Newtonville, MA 02460

Dear Mr. Cedeno,

The Public Safety & Transportation Committee will review and discuss your public auto license application to operate Bace Limousine Services, LLC. on Wednesday, March 4, 2020 at 8:00 p.m. in Room 205, Newton City Hall, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

It is important that you attend in order for the Committee to review your application in a timely manner because we would like the City Council to vote on this application at their meeting on March 16, 2020.

Thank you for your attention to this matter. If you have any questions, please contact me at (617) 796-1211.

We look forward to meeting you.

Sincerely,

Danielle Delaney
Committee Clerk
Public Safety & Transportation Committee
City Council

#129-20
02/07/20

To the Newton City Council,

I am requesting a new
public auto licence

2/7/20
Received
\$25.00
Application
fee,

ISMAIL UNKOG



CITY CLERK
NEWTON, MA. 02459

2020 FEB - 7 PM 1:54

RECEIVED



Bill Cart	
Items In Cart:	1
Subtotal:	\$ 25.00
View Cart	Checkout

February 7, 2020 at 1:55 pm

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2020	1	UNKOC	ONLINE	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

These charges will appear as "Newton, MA" and "CITY HALL SYSTEMS".

Transaction Code: CHS-NEWTON-MA-US-3149024

Reference Code: 110225417/110225419

An email receipt was sent to no@email.com.

[Print Receipt](#)

[Return to ePOS Catalog](#)



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For questions or comments, please email: ePay@CityHallSystems.com
For help, Monday-Friday 8:30AM-5PM ET, please call 508-381-5455.

Terms & Conditions of Use
Security & Privacy

**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 City Council's office at all times. Changes or updated information may be sent by mail to Newton City Hall, City Council, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

1. Name of Applicant: ISMAIL UNKOC
2. Business Name: ~~184 River St.~~ 12MOLIMO LLC.
 Business Address: 184 River St. West Newton, MA 02465
 Business Telephone Number: 617 775 4784
 email address: ismail@ismailunkoc.com

3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:

5. Please specify the type of business entity (sole proprietorship, partnership or corporation):

LLC.

6. If the business is a sole proprietor, please state the full name and address of the owner:

—

7. If the business is a partnership, please state the name and address of each partner:

—

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):

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:

12MOLIMO LLC ISMAIL UNKOC 617 775 4784

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: ISMAIL UNKOC IZMOLIMO LLC 184 River St. West Newton, MA 02465 6177754784
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
ismail@ismailunkoc.com
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 ND INSPECTION (mileage & meter #)
1. <u>LV86122</u>		<u>2G61M5S39J9196660</u>		<u>—</u>		
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						
7. _____						
8. _____						
9. _____						
10. _____						



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

ISMAIL UNKOC

Please Print Legibly

Business/Organization Name: IZMO LIMO LLC.

Address: 184 River St. West Newton, MA 02465

City/State/Zip: West Newton 02465 Phone #: 6177754784

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 LIMO

*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: No employee

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: [Signature]

Date: 02/07/20

Phone #: 617 775 4784

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

City or Town: _____

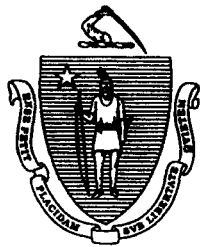
Permit/License # _____

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 #: _____



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

January 22, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

IZMOLIMO LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **January 21, 2020**.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth



CERTIFICATE OF REGISTRATION

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

RMV Division

PLATE TYPE LVN	REGISTRATION NUMBER LV86122	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 11/07/19	EXPIRES LAST DAY OF	MONTH 02	YEAR 21	TRANSACTION NUMBER 02931142310114
MFPS MODEL YEAR 2018	MAKE CADI	MODEL XTS	BODY STYLE/TYPE SEDAN	COLOR BLACK	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 05
VEHICLE IDENTIFICATION NUMBER 2G61M5S39J9156660		INSURANCE COMPANY PROGRESSIVE CASLTY		TITLE NUMBER EXAM	REGISTRAR <i>James Jelen</i>		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER
RESIDENTIAL ADDRESS (IF DIFFERENT) 184 RIVER ST W NEWTON, MA 02465					FEES		
NAME(S) OF OWNER(S) AND MAILING ADDRESS UNKOC, ISMAIL 184 RIVER ST W NEWTON, MA 02465					REGISTRATION 66.50		
					TITLE 0.00		
					SPECIAL PLATES 0.00		
					SALES TAX 0.00		
					TOTAL 66.50		
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.mass.gov/rmv 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 <i>Bill of Sale, Title, and completed Reassignment of Title</i> 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.mass.gov/rmv.

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.mass.gov/rmv

Schedule a Road Test
Renew Your Driver's License
Renew Your Registration
Pay Citations/Court Hearing Fee
Replace Your Driver's License

Request a Duplicate Title
Request a Duplicate Registration
Change Your Address
Cancel My Plate/Registration
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



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
01/30/2020

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 Lighthouse Insurance Agency, Ltd 470 West Broadway South Boston MA 02127		CONTACT NAME: Pablo DeOliveira PHONE (A/C, No, Ext): (617) 464-3777 FAX (A/C, No): (617) 464-3888 E-MAIL ADDRESS: pablo.deoliveira@lighthouseins.net	
INSURED Ismail Unkoc DBA Izmolimo LLC 184 River St West Newton MA 02465		INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Casualty Ins Co. NAIC # 24260 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES
CERTIFICATE NUMBER: CL2013040788

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/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	Y		01350076-0	11/07/2019	11/07/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Massport is listed as Additional Insured.

Insured Vehicle: 2018 Cadillac Xts LUXRY 2G61M5S39J9156660 Plate# LV86122;

CERTIFICATE HOLDER
CANCELLATION

Massport 1 Harborside Drive Suite 200S East Boston MA 02128	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 <i>Pablo De Oliveira</i>
--	--

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City Council

2020-2021

City of Newton



February 19, 2020

Ismail Unkoc
Izmo Limo, LLC.
184 River Street
West Newton, MA 02465

*Please contact
Captain Anastasia for
Vehicle inspection
at 617-796-2106*

Dear Mr. Unkoc,

The Public Safety & Transportation Committee will review and discuss your public auto license application to operate Izmo Limo, LLC. on Wednesday, March 4, 2020 at 8:00 p.m. in Room 205, Newton City Hall, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

It is important that you attend in order for the Committee to review your application in a timely manner because we would like the City Council to vote on this application at their meeting on March 16, 2020.

Thank you for your attention to this matter. If you have any questions, please contact me at (617) 796-1211.

We look forward to meeting you.

Sincerely,

Danielle Delaney
Committee Clerk
Public Safety & Transportation Committee
City Council

Sec. 19-331. Fee for license and taxi stands.

(a) For every license granted pursuant to section 19-330 there shall be paid, for the use of the city, the fee prescribed by section 17-3.

(b) With each application for assignment of a taxi stand under section 19-305, there shall be paid to the city clerk the handling fee prescribed by section 17-3. (Rev. Ords. 1973, § 21-8; Ord. No. T-66, 12-18-89)

Sec. 19-332. Procedure for obtaining licenses.

(a) *Procedure for renewal of taxicab and public automobile licenses:* Beginning in October each year, the city clerk shall send a renewal application form and a copy of this ordinance, as may be amended from time to time, to each person who currently holds a taxicab or public automobile license. Said form shall include the following information for each vehicle: the vehicle registration number, the vehicle identification number (VIN) and odometer reading; the vehicle medallion number; and, in addition, with respect to each taxicab license sought, the form shall include the serial number of the taximeter. Said form shall also include the location of the vehicle during business and non-business hours, specifications as to employee parking, vehicle storage and operations, and measures to mitigate any impact on the surrounding area. A separate license shall be required for each vehicle to be used by the applicant. A copy of the registration certificate for each vehicle and a certificate of insurance indicating the amount of coverage for each vehicle shall accompany the application. Completed application forms shall be returned to the city clerk no later than October 31. The non-refundable fee for each license, as specified in section 17-3 of these Revised Ordinances, shall be paid to the city clerk at the time the completed license application is returned to the city clerk.

(b) *Procedure for obtaining first-time taxicab or public automobile license:* The city clerk shall send an application form for a taxicab or public automobile license to any person requesting the same upon receipt of a registration certificate for each vehicle for which a license is sought. Said form shall include all of the information as required for the renewal form as stated in subsection (a) above. A separate license shall be required for each vehicle to be used by the applicant. The chief of police shall assign a medallion number for each new license issued pursuant to the provisions of this ordinance.

(c) The city clerk shall forward copies of all completed application forms for which all applicable fees have been paid to the chief of police and to city council during the month of October of each year.

(d) Inspections for the issuance of vehicle licenses and medallions shall be scheduled from March 1 through April 30. Upon submission of a completed application form, the applicant for a taxicab or public automobile license shall arrange for an inspection of each vehicle for which a license is sought by contacting the chief of police designee no later than fifteen (15) days prior to the date the vehicles will be available for inspection. In the event that a vehicle fails such inspection, the applicant shall have thirty (30) days in which to correct all deficiencies noted and schedule a second inspection. The chief of police designee shall notify the city clerk and the public safety and transportation committee of the city council of the result of each such inspection. A vehicle which does not pass inspection shall not be eligible for a license.

→ (e) The public safety and transportation committee of the city council shall approve or deny each taxicab and public automobile license application in accordance with the provisions of section 19-333 at the first regularly scheduled meeting of said committee during the month of December of each year. The committee shall forward its recommendations for approval or denial to the full city council during the month of January of each year. The city clerk shall notify each applicant and the chief of police in writing as to the city council's decision. Upon receipt of notice that a license application has been approved, the licensee shall contact the chief of police in order to obtain a medallion for each taxicab and public automobile for which a license has been granted.

DRAFT

CITY OF NEWTON

IN CITY COUNCIL

ORDINANCE NO.

January, 2020

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF NEWTON That the Revised Ordinances of Newton, Massachusetts, 2017, as amended, be and are hereby further amended with respect to **Section 19-332 Procedure for Obtaining Licenses** as follows:

1. DELETE the word "January" where it appears in the second sentence of paragraph (e) of Section 19-332 and INSERT in its place the word "December".

Approved as to legal form and character:

ALISSA O. GIULIANI
City Solicitor

Under Suspension of Rules
Readings Waived and Adopted

EXECUTIVE DEPARTMENT
Approved:

(SGD) DAVID A. OLSON
City Clerk

(SGD) RUTHANNE FULLER
Mayor

Sec. 19-339. Van license.**(g) Procedure for renewal of van licenses:**

Beginning in October of each year, the city clerk shall send a renewal application form and a copy of this section, as may be amended from time to time, to each person who currently holds a van license. Said form shall include the following information for each vehicle: the vehicle registration number, the vehicle identification number (VIN) and odometer reading. A separate license shall be required for each vehicle to be used by the applicant. A copy of the registration certificate for each vehicle and a certificate of insurance indicating the amount of coverage for each vehicle shall accompany the application. Completed application forms shall be returned to the city clerk no later than October 31. The non-refundable fee for each license, as specified in section 17-3 of these Revised Ordinances, shall be paid to the city clerk at the time the completed license application is returned to the city clerk. Prior to the renewal of a license, the applicant shall follow the procedures in Sec. 19-309(b) pertaining to police department inspection of each vehicle to be licensed.

The public safety and transportation committee of the city council shall approve or deny each van license application at the first regularly scheduled meeting of said committee during the month of December of each year. The committee shall forward its recommendations for approval or denial to the full city council during the month of January of each year. The city clerk shall notify each applicant in writing as to the city council's decision. (Ord. No. X-54, 5-19-03; Ord. No. A-31, 10-07-13; Ord. No. A-91, 11-21-16; Ord. No. A-93, 11-21-16; Ord. No. A-94, 11-21-16)

Sec. 19-340 Penalties.

Any person who violates any provision of sections 19-302 through 19-338, excluding section 19-330, shall be fined not less than fifty dollars (\$50.00) nor more than one hundred dollars (\$100.00), and each day or part thereof during which a violation occurs or continues shall constitute a separate offense. (Ord. No. T-291, 8-9-93)

Secs. 19-340—19-345. Reserved.**DIVISION 3. DRIVER'S LICENSE****Sec. 19-346 Required identification card**

DRAFT

CITY OF NEWTON

IN CITY COUNCIL

ORDINANCE NO.

February 2020

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF NEWTON That the Revised Ordinances of Newton, Massachusetts, 2017, as amended, be and are hereby further amended with respect to **Section 19-339 Procedure for Renewal of Van Licenses** as follows:

1. DELETE the word "January" where it appears in the second sentence of paragraph two, section (g) of Section 19-339 and INSERT in its place the word "December".

Approved as to legal form and character:

ALISSA O. GIULIANI
City Solicitor

Under Suspension of Rules
Readings Waived and Adopted

EXECUTIVE DEPARTMENT
Approved:

(SGD) DAVID A. OLSON
City Clerk

(SGD) RUTHANNE FULLER
Mayor

Councilors Downs, Auchincloss and Bowman.

RECEIVED

RESOLUTION

2020 FEB -3 AM 8:57

Whereas, the City of Newton is underserved by the region's transportation network with inaccessible train stations, infrequent heavy rail and north-south bus service, and a line nearly at capacity, underfunded roadway maintenance, congested roads, and carbon emissions and tailpipe pollution that threaten our climate and air quality and public health, and

Whereas, the Massachusetts Municipal Association 2020 Annual Meeting overwhelmingly supported a Resolution supporting a local-state-federal partnership to address the Commonwealth's transportation system needs and challenges, identifying many solutions while calling upon the legislature to enact bold transportation finance legislation before the end of the 2019-2020 legislative session, and

Whereas, it being a duty of government at all levels to ensure that we have a modern, well-functioning transportation system; therefore

The Newton City Council urges the State Legislature to pursue solutions, including additional revenue to fund State of Good Repair on our roads, bridges and public transportation network, additional transit capacity, clean transportation, equitable access and improved transportation choices for disadvantaged populations, and transformative investments to ensure our regional economic competitiveness.

The Newton City Council urges the legislature to properly fund the Chapter 90 program to ensure that our local roads are well maintained; to make the city's public transit infrastructure fully accessible, modern and high-capacity; to provide transportation alternatives that do not continually add automobile traffic to the City's crowded roadway network; and to support infrastructure investments that protect vulnerable road users.

The Newton City Council urges the legislature to raise dedicated revenue for transportation, through increases to the state motor fuels tax, which is constitutionally protected for transportation yet has increased by only 14% since 1991, while MBTA fares have more than doubled in the same period of time; through increased and appropriate fees on ride-share service to help expand public transit capacity; through congestion pricing pilots that deliver demonstrable benefits to users of our crowded roads; through support of the Transportation and Climate Initiative, to lower greenhouse gas emissions and invest in clean and equitable transportation; through providing cities and towns with the authority to bring local and regional transportation investments to the ballot, as is common in jurisdictions throughout the United States, and through offsetting policies that protect lower income and vulnerable populations.

The Newton City Council urges its legislative delegation, and all Representatives and Senators to enact the foregoing provisions during the current legislative session in the

interests of City residents, workforce, and visitors, to help safeguard our prosperity and well-being.