



Public Safety & Transportation Committee Agenda

City of Newton **In City Council**

Wednesday, December 9, 2020

7:00 PM

The Public Safety & Transportation Committee will hold this meeting as a virtual meeting on Wednesday, December 9, 2020 at 7:00 p.m. To view this meeting using Zoom use this link:

<https://us02web.zoom.us/j/85765856768?pwd=U2Z3b2hCcHl1TnExZXJEMGZyKzlRZz09> or call 1 646 558 8656 and use the following Meeting ID: 857 6585 6768. Passcode: 340164.

Items Scheduled for Discussion:

- #495-20 Requesting renewal of taxi license**
GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting **renewal of one (1) taxi license** for Holden's Taxi, Inc.
- #496-20 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.
- #497-20 Requesting renewal of taxi license**
GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting **renewal of one (1) taxi license** for Newton Taxi Co.
- #498-20 Requesting renewal of public auto license**
DHANRAJ MAHASE, 275 Grove Street, 2-400, Newton, MA 02466 requesting **renewal of one (1) public auto license** for Mahase Livery Services, LLC. (MHS Worldwide, LLC).

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.

- #499-20 Requesting renewal of public auto license**
DONALD LAPLANTE, 395 Lexington Street, Auburndale, MA 02466 requesting **renewal of one (1) public auto license** for Don's Car Service.
- #500-20 Requesting renewal of public auto license**
MICHAEL GIMMELFARB, 274 Dedham Street, Newton, MA 02461 requesting **renewal of one (1) public auto license** for American Truck & Equipment Sales, LLC.
- #501-20 Requesting renewal of public auto license**
JOSE GREGORIO CEDENO, 9 Elmwood Park, Newtonville, MA 02460 requesting **renewal of one (1) public auto license** for Bace Limousine Services, LLC.
- #502-20 Requesting renewal of public auto license**
NOEL DIAZ, 9 Elmwood Park, #2, Newtonville, MA 02460 requesting **renewal of one (1) public auto license** for Newton Limos Company, LLC.
- #503-20 Requesting renewal of public auto license**
ISMAIL UNKOC, 184 River Street, West Newton, MA 02465 requesting **renewal of one (1) public auto license** for Izmo Limo, LLC.
- #504-20 Requesting renewal of public auto license**
RAJIV KUMAR, 2323 Washington Street, #G3, Newton, MA 02462 requesting **renewal of one (1) public auto license** for Om Sai Enterprises Inc.
- #505-20 Requesting renewal of public auto license**
LAHCENE BELHOUCHE, 32 Adams Street, Newton, MA 02460 requesting **renewal of one (1) public auto license** for Boston Cool Ride Limo Inc.

Chair's Note: The Committee will be revisiting priorities from March 2020 and updating each other on progress made.

Respectfully submitted,

Andreae Downs, Chair

NEWTON TAXI COS

#495-20

H

50 UNION STREET
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

17 November 2020

Honorable City Council
City of Newton
Newton City Hall
1000 Commonwealth Avenue
Newton Centre, Massachusetts 02459

Received \$25.00
check
Application is
for Holden's
Taxi, Inc.

Re: Hackney License Renewal

Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2021.

Please find the enclosed:

1. Workers' Compensation Insurance Affidavit
2. Renewal Application Form
3. Copies of registration certificates
4. Certificate of insurance
5. Renewal Fee

Sincerely



George Marry
President

GM 9/30/16

RECEIVED
2020 NOV 19 AM 11:45
CITY CLERK
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 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: GEORGE MARRY
2. Business Name: HOLDEN'S TAXI INC
 Business Address: 50 UNION ST
 Business Telephone Number: 617.244.2404
 email address:

3. Total number of Licenses:

PUBLIC AUTO =

TAXI LICENSE = 1

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

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

CORP

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):

HOLDEN'S TAXI INC

GEORGE MARRY, PRES

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

GEORGE MARRY TREAS

617.244.2404

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: George Marry Holden's Taxi Inc 50 UNION ST NANTUCKET 617-244-2404
(Owner Name) (Company Name) (Company Address) (Company Phone Number)

(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 #)
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#9 1. TA250 60 2FABF7BV8BK 101144 2685T

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: HOLDEN'S TAXI INC

Address: 50 UNION ST.

City/State/Zip: NEWTON, MA

Phone #: 617 244 2404

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 2 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 TAXI

*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: TRAVELERS

Insurer's Address: 2480 LAKEMONT AVE STE 200

City/State/Zip: ORLANDO, FL 32814

Policy # or Self-ins. Lic. # TRUB-4799 P64-0-20 Expiration Date: 10-05-21

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: 17 NOVEMBER 2020

Phone #: 617 244 2404

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 #: _____



#495-20
WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (7PJUB-4799P64-0-20)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-MA

INSURED'S NAME: HOLDEN TAXI, INC

RATE BUREAU ID: 000113002

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 042446857 ENTITY CD 001				
HOLDEN TAXI, INC				
50 UNION STREET NEWTON, MA 02159 SIC CODE: 4789 NAICS: 488999				
TAXICAB CO: ALL OTHER EMPLOYEES & DRIVERS	7370	17893	3.44	616
BUS CO: GARAGE EMPLOYEES	8385	IF ANY	2.76	
CLERICAL OFFICE EMPLOYEES NOC	8810	28856	.06	17

MERIT RATING/EXPERIENCE MOD: NONE	MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			633
EXPENSE CONSTANT(0900)			250
0.0300 TERRORISM (9740)			14
3.51% MA WC SPECIAL FUND AND TRUST FUND			22
TOTAL ESTIMATED PREMIUM			919
DEPOSIT AMOUNT DUE			919

DATE OF ISSUE: 09-21-20 WC

ST ASSIGN: MA

SCHEDULE NO: 1 OF MORE

CERTIFICATE OF REGISTRATION

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

RMV Division

#9

PLATE TYPE TAR	REGISTRATION NUMBER TA250	REGISTRATION TYPE TAXI	EFFECTIVE DATE 12/01/19	EXPIRES LAST DAY OF →	MONTH 11	YEAR 20	TRANSACTION NUMBER 02930701291471
MFPS MODEL YEAR 2011	MAKE FORD	MODEL CROVIC	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.
VEHICLE IDENTIFICATION NUMBER 2FABP7BV8BX101044		INSURANCE COMPANY ARBELLA PROTECTION		TITLE NUMBER BQ493170		REGISTRAR <i>James Zelen</i>	
RESIDENTIAL ADDRESS (IF DIFFERENT)							
NAME(S) OF OWNER(S) AND MAILING ADDRESS 003202 ****AUTO**ALL FOR AADC 021 HOLDENS TAXI INC 50 UNION ST NEWTON MA 02459-2223				FEES REGISTRATION 60.00 TITLE 0.00 SPECIAL PLATES 20.00 SALES TAX 0.00 TOTAL 80.00			
<p align="center">MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.</p>							
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			

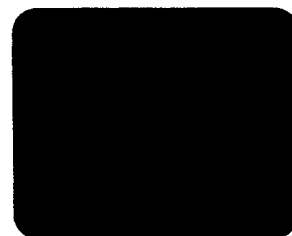
Important Information for Vehicle Owners.

- 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. 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.mass.gov/rmv 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.mass.gov/rmv

201806366


ARBELLA
INSURANCE GROUP

1-800-ARBELLA | ARBELLA.COM

46-2000
PO Box 55392
Boston, MA 02205-5392

INVOICE

Account Number	Invoice Mail Date	Total Balance	Minimum Due	Due Date
612007602	11/09/2020	\$3,158.00	\$358.00	11/29/2020

Customer:

HOLDENS TAXI INC
50 UNION ST
NEWTON, MA 02459

Agent: 46-2000
EASTERN INS GROUP LLC
P.O. BOX 4000
WAKEFIELD, MA 01880
781-245-3700

BILLING SUMMARY

To make a payment on-line visit www.arbella.com. To pay by phone, call 1-800-ARBELLA.

Policy Number	Company	Line of Business	Policy Period	Previous Balance	Current Balance	Minimum Due
1020005501	Arbella Protection	Commercial Auto	09/27/2020 - 09/27/2021	\$4,377.00	\$3,125.00	\$325.00
Premium:				\$4,377.00	\$3,125.00	\$325.00
Fees:				\$0.00	\$33.00	\$33.00
Total:				\$4,377.00	\$3,158.00	\$358.00

000151

NV

NEWTON TAXI COS

#496-20

50 UNION STREET
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

17 November 2020

Honorable City Council
City of Newton
Newton City Hall
1000 Commonwealth Avenue
Newton Centre, Massachusetts 02459

Re: Hackney License Renewal

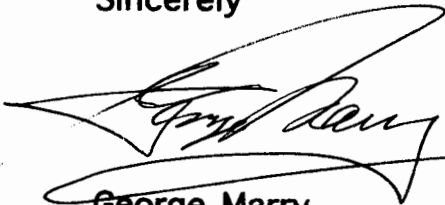
Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2021.

Please find the enclosed:

1. Workers' Compensation Insurance Affidavit
2. Renewal Application Form
3. Copies of registration certificates
4. Certificate of insurance
5. Renewal Fee

Sincerely



George Marry
President

GM 9/30/16

Received \$50.00
Check

Application is
for Newtonville
Cab Co., Inc.

RECEIVED
2020 NOV 19 AM 11:45
CITY CLERK
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 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: GEORGE MARRY
2. Business Name: NEWTONVILLE CAB CO INC
 Business Address: 50 UNION ST., NEWTON CENTRE
 Business Telephone Number: 617.527.6400
 email address:

3. Total number of Licenses:

PUBLIC AUTO =

TAXI LICENSE = 2

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

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

CORP

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):

NEWTONVILLE CAB CO INC

GEORGE MARRY PRES

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

GEORGE MARRY
617.527.6400

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: George Marrey Newtonville B LLC 50 Union St Newton Centre 617.527.6400
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)

 (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 #)
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1. TA244	55	2FABP7BU5RX120768		94573		
2. TA243	54	264RDCB31CR294629		26844		
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: NEWTONVILLE CAB CO INC

Address: 50 CLARION ST.

City/State/Zip: NEWTON, MA 02459 Phone #: 617-527-6400

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 0 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 TAXI

*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: TRAVELERS

Insurer's Address: 2420 LAKEMONT AVE STE 200

City/State/Zip: ORLANDO, FL 32814

Policy # or Self-ins. Lic. # 7P-TUB-4799P64-0-20 Expiration Date: 10/05/21

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: 17 NOVEMBER 2020

Phone #: 617-527-6400

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 #: _____



#496-20
WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (7PJUB-4799P64-0-20)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-MA

INSURED'S NAME: HOLDEN TAXI, INC

RATE BUREAU ID: 000113002


CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 02				
FEIN 042599128 ENTITY CD 002				
NEWTONVILLE CAB CO. INC				
50 UNION STREET NEWTON, MA 02159 SIC CODE: 4789 NAICS: 488999				
TAXICAB CO: ALL OTHER EMPLOYEES & DRIVERS	7370	IF ANY	3.44	
TAXICAB CO: GARAGE EMPLOYEES	8385	IF ANY	2.76	
CLERICAL OFFICE EMPLOYEES NOC	8810	38720	.06	23

MERIT RATING/EXPERIENCE MOD: NONE	MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			23
0.0300 TERRORISM (9740)			12
3.51% MA WC SPECIAL FUND AND TRUST FUND			1
TOTAL ESTIMATED PREMIUM			36
DEPOSIT AMOUNT DUE			36

CERTIFICATE OF REGISTRATION

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

RMV Division
#496-20

PLATE TYPE TAR	REGISTRATION NUMBER TA244	REGISTRATION TYPE TAXI	EFFECTIVE DATE 12/01/19	EXPIRES LAST DAY OF 11 20	MONTH 11	YEAR 20	TRANSACTION NUMBER 02930701291667
VEHICLE MODEL YEAR 2011	MAKE FORD	MODEL CROVIC	BODY STYLE/TYPE SEDAN	COLOR BLACK	Not valid without official signature of Registrar <i>James J. Jelen</i>		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.
VEHICLE IDENTIFICATION NUMBER 2FABP7BV5BX180768		INSURANCE COMPANY ARBELLA PROTECTION		TITLE NUMBER BP748389		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.	
RESIDENTIAL ADDRESS (IF DIFFERENT)					FEEES		
NAME(S) OF OWNER(S) AND MAILING ADDRESS  003200 *****AUTO**ALL FOR AADC 021 NEWTONVILLE CAB CO INC 50 UNION ST NEWTON MA 02459-2223					REGISTRATION 60.00 TITLE 0.00 SPECIAL PLATES 20.00 SALES TAX 0.00 TOTAL 80.00		
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
--	--

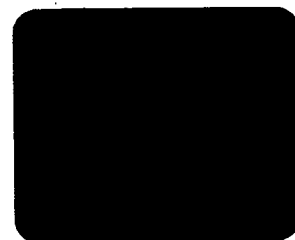
Important Information for Vehicle Owners

- 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.mass.gov/rmv. 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.mass.gov/rmv for more information.

PLATE DECAL APPLICATION INSTRUCTIONS

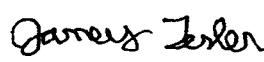

1. Gently peel the decal from the form.
2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
3. Firmly rub the decal to adhere it to the plate.

For best results, bring decal to room temperature before affixing to the plate.



The best way to renew your registration is online at
www.mass.gov/rmv

201806364

PLATE TYPE TAR		REGISTRATION NUMBER TA243		REGISTRATION TYPE TAXI		EFFECTIVE DATE 12/01/19		EXPIRES LAST DAY OF → 11 20		TRANSACTION NUMBER 02930701291624											
FRS MODEL YEAR 2012		MAKE DODG		MODEL CARAVA		BODY STYLE/TYPE VAN		COLOR GRAY		Not valid without official signature of Registrar 											
VEHICLE IDENTIFICATION NUMBER 2C4RDGBG1CR294629				INSURANCE COMPANY ARBELLA PROTECTION				TITLE NUMBER BR053657													
RESIDENTIAL ADDRESS (IF DIFFERENT)										IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.											
NAME(S) OF OWNER(S) AND MAILING ADDRESS  003199 ****AUTO**ALL FOR AADC 021 NEWTONVILLE CAB CO INC 50 UNION ST NEWTON MA 02459-2223										FEES <table> <tr><td>REGISTRATION</td><td>60.00</td></tr> <tr><td>TITLE</td><td>0.00</td></tr> <tr><td>SPECIAL PLATES</td><td>20.00</td></tr> <tr><td>SALES TAX</td><td>0.00</td></tr> <tr><td>TOTAL</td><td>80.00</td></tr> </table>		REGISTRATION	60.00	TITLE	0.00	SPECIAL PLATES	20.00	SALES TAX	0.00	TOTAL	80.00
REGISTRATION	60.00																				
TITLE	0.00																				
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SALES TAX	0.00																				
TOTAL	80.00																				
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.mass.gov/rmv. 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.mass.gov/rmv 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.mass.gov/rmv

201806363


ARBELLA
INSURANCE GROUP

46-2000

PO Box 55392

Boston, MA 02205-5392

1-800-ARBELLA | ARBELLA.COM

INVOICE

Account Number	Invoice Mail Date	Total Balance	Minimum Due	Due Date
612008024	11/09/2020	\$6,308.00	\$708.00	11/29/2020

Customer:
 NEWTONVILLE CAB CO INC
 50 UNION ST
 NEWTON, MA 02459
Agent: 46-2000
 EASTERN INS GROUP LLC
 1149 WASHINGTON ST
 NEWTON, MA 02460
 617-969-4800
BILLING SUMMARYTo make a payment on-line visit www.arbella.com. To pay by phone, call 1-800-ARBELLA.

Policy Number	Company	Line of Business	Policy Period	Previous Balance	Current Balance	Minimum Due
1020005499	Arbella Protection	Commercial Auto	09/27/2020 - 09/27/2021	\$8,754.00	\$6,275.00	\$675.00
Premium:				\$8,754.00	\$6,275.00	\$675.00
Fees:				\$0.00	\$33.00	\$33.00
Total:				\$8,754.00	\$6,308.00	\$708.00

NEWTON TAXI COS

#497-20 N

50 UNION STREET
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

17 November 2020

Honorable City Council
City of Newton
Newton City Hall
1000 Commonwealth Avenue
Newton Centre, Massachusetts 02459

Received \$ 25.00
check.

Application is for
Newton Taxi Co.

Re: Hackney License Renewal

Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2021.

Please find the enclosed:

1. Workers' Compensation Insurance Affidavit
2. Renewal Application Form
3. Copies of registration certificates
4. Certificate of insurance
5. Renewal Fee

Sincerely



George Marry
President

GM 9/30/16

CITY CLERK
NEWTON, MA. 02459

2020 NOV 19 AM 11:45

RECEIVED

**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: GEORGE MARRY
2. Business Name: NEWTON TAXI CO
 Business Address: 50 UNION ST NEWTON CENTRE
 Business Telephone Number: 617. 244. 6600
 email address:

3. Total number of Licenses:

PUBLIC AUTO =

TAXI LICENSE = 1

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

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

CORP

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):

HEL-MAR INC
216/a NEWTON TAXI CO GEORGE MARRY, PRES

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

GEORGE MARRY
617. 244. 6600

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: GEORGE MARRY NEWTON TAXI CO 50 UNION ST NEWTON CENTRE 617.244.6600
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)

 (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 #)
# 61. TA 245	56	1D8HN44EY99508740		4936		
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: NEWTON TAXI CO

Address: 50 UNION ST.

City/State/Zip: NEWTON CENTRE MA 02459 Phone #: 617-244-6600

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 1 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 TAXI

*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: TRAVELERS

Insurer's Address: 2420 LAKEMONT AVE ST 200

City/State/Zip: ORLANDO, FL 32184

Policy # or Self-ins. Lic. # 7 PJUB -479984-01-70 Expiration Date: 10/05/21

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: 17 NOVEMBER 2020

Phone #: 617-244-6600

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 #: _____



#497-20

**WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 (A)

POLICY NUMBER: (7PJUB-4799P64-0-20)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-MA

INSURED'S NAME: HOLDEN TAXI, INC

RATE BUREAU ID: 000113002

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 03				
FEIN 042473682 ENTITY CD 003				
HEL-MAR INC. DBA NEWTON TAXI COMPANY				
50 UNION STREET NEWTON, MA 02159 SIC CODE: 4789 NAICS: 488999				
TAXICAB CO: ALL OTHER EMPLOYEES & DRIVERS	7370	IF ANY	3.44	
TAXICAB CO: GARAGE EMPLOYEES	8385	IF ANY	2.76	
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	.06	

MERIT RATING/EXPERIENCE MOD: NONE	MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			INCL
0.0300 TERRORISM (9740)			INCL
3.51% MA WC SPECIAL FUND AND TRUST FUND			INCL
TOTAL ESTIMATED PREMIUM			INCL
DEPOSIT AMOUNT DUE			INCL

DATE OF ISSUE: 09-21-20 WC

ST ASSIGN: MA

SCHEDULE NO: 3 OF LAST

#6



CERTIFICATE OF REGISTRATION

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

RMV Division

PLATE TYPE TAR	REGISTRATION NUMBER TA245	REGISTRATION TYPE TAXI	EFFECTIVE DATE 12/01/19	EXPIRES LAST DAY OF 11 20	MONTH 11	YEAR 20	TRANSACTION NUMBER 02930701291563
MFRS MODEL YEAR 2009	MAKE DODG	MODEL GRANDC	BODY STYLE/TYPE VAN	COLOR BLUE	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.
VEHICLE IDENTIFICATION NUMBER 1D8HN44EX9B508741		INSURANCE COMPANY ARBELLA PROTECTION		TITLE NUMBER BR006143		REGISTRAR <i>James Jerlen</i>	
RESIDENTIAL ADDRESS (IF DIFFERENT)					FEES		
NAME(S) OF OWNER(S) AND MAILING ADDRESS 003201 ****AUTO**ALL FOR AADC 021 NEWTON TAXI CO 50 UNION ST NEWTON MA 02459-2223					REGISTRATION		60.00
					TITLE		0.00
					SPECIAL PLATES		20.00
					SALES TAX		0.00
					TOTAL		80.00
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

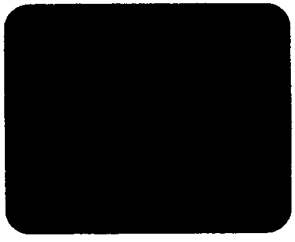
- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.mass.gov/rmv. 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.mass.gov/rmv for more information.

201806365

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.mass.gov/rmv

**ARBELLA**

INSURANCE GROUP

1-800-ARBELLA | ARBELLA.COM

46-2000

PO Box 55392

Boston, MA 02205-5392

INVOICE

Account Number	Invoice Mail Date	Total Balance	Minimum Due	Due Date
612007605	11/09/2020	\$2,375.00	\$271.00	11/29/2020

Customer:

NEWTON TAXI CO
50 UNION ST
NEWTON, MA 02459

Agent: 46-2000

EASTERN INS GROUP LLC
P.O. BOX 4000
WAKEFIELD, MA 01880
781-245-3700

BILLING SUMMARYTo make a payment on-line visit www.arbella.com. To pay by phone, call 1-800-ARBELLA.

Policy Number	Company	Line of Business	Policy Period	Previous Balance	Current Balance	Minimum Due
1020005497	Arbella Protection	Commercial Auto	09/27/2020 - 09/27/2021	\$8,754.00	\$2,342.00	\$238.00
Premium:				\$8,754.00	\$2,342.00	\$238.00
Fees:				\$0.00	\$33.00	\$33.00
Total:				\$8,754.00	\$2,375.00	\$271.00

000152



MHS Worldwide, LLC
275 Grove St
2-400
Newton MA 02466

City of Newtown
1000 Commonwealth Ave,
Newton Centre MA, 02459

10/29/20
Received \$25.00
Check # 186

Dear City Council,

I am writing this letter for your consideration for renewal of MHS Worldwide, LLC, for the new year of 2021. All permits and forms have been submitted to the town hall as requested. Enclosed in this packet is a check payable to the town of Newton for one public Auto-renewal.

Dhanraj Mahase
MHS Worldwide, LLC
CEO

RECEIVED
2020 OCT 29 PM 3:18
CITY CLERK
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 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: Dhanraj Mahase

2. Business Name: MHS Worldwide, LLC
Business Address: 275 Grove St Suite 2-400 Newton, MA 02466
Business Telephone Number: 774-444-9888
email address: info@mhsworldwide.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:

Dhanraj Mahase
275 Grove St Suite 2-400
Newton MA 02466

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

No Partnership

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):

Dhanraj Mahase

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

Dhanraj Mahase
774-444-9888

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Dhanraj Mahase MHS Worldwide, LLC 275 Grove St Suite 2-400 Newton MA 02466

774-444-9888

(Owner Name)

(Company Name)

(Company Address)

(Company Phone Number) _____

info@mhsworldwide.com

(email address)

Please list below for each vehicle:

MASS. REG.#
TAXI/PA#

MEDALLION#

**VEHICLE ID #
(VIN)**

ODOMETER READING

TAXI METER
SERIAL
#

1ST INSPECTION .
(mileage & meter#)

2nd INSPECTION
(mileage & meter#)

1. Lvn Lv81607

1GYS4|K0KR288751

15,000

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: MHS WORLDWIDE, LLC

Address: 275 GROVE ST SUITE 2-400

City/State/Zip: NEWTON, MA 0246

Phone #: 774-444-9888

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

*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: 10-20-2020

Phone #: 774-444-9888

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 #: _____



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



#498-20

[HOME](#)

[DIRECTIONS](#)

[CONTACT US](#)

Search the Secretary's website

[Search](#)

Corporations Division

Business Entity Summary

ID Number: 001292539

[Request certificate](#)

[New search](#)

Summary for: MHS WORLDWIDE LLC

The exact name of the Domestic Limited Liability Company (LLC): MHS WORLDWIDE LLC

The name was changed from: MAHASE LIVERY SERVICE, LLC **on** 07-08-2020

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 001292539

Old ID Number:

Date of Organization in Massachusetts: 09-27-2017

Last date certain:

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

Address: 275 GROVE ST. 2-400

City or town, State, Zip code, Country: NEWTON, MA 02466 USA

The name and address of the Resident Agent:

Name: UNITED STATES CORPORATION AGENTS, INC.

Address: 101 BILLERICA AVE., BLDG. 5, SUITE 204

City or town, State, Zip code, Country: NORTH BILLERICA, MA 01862 USA

PLATE TYPE LVN	REGISTRATION NUMBER LV81607	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 10/16/19	MONTH 07	YEAR 21	TITLE TRANSACTION NUMBER 02928942220103
EXPIRATION YEAR 2019	MAKE CADI	MODEL ESCALA	BODY STYLE TYPE SUV	COLOR BLACK	Not valid without official signature of Registrar	
VEHICLE IDENTIFICATION NUMBER 1GYB4JKJ0KR288751		INSURANCE COMPANY LANCER INSURANCE		TITLE NUMBER EXAM		REGISTRAR <i>James Zelen</i>
VEHICLE ADDRESS (IF DIFFERENT)				IF VEHICLE CARRYING PASSENGERS FOR HIRE, NUMBER OF PASSENGERS THAT CAN BE SEATED 07		TOTAL FEE DEDUCTIBLE AMOUNT FOR A COMMERCIAL VEHICLE OR TRAILER
ADDRESS OF OWNER AND MAILING ADDRESS MAHASE, DHANRAJ 275 GROVE STREET SUITE 2-400 NEWTON, MA 02466				FEES REGISTRATION 32.50 TITLE 0.00 SPECIAL PLATES 0.00 SALES TAX 0.00 TOTAL 32.50		
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION The records of the RMV database constitute the official status of the vehicle registration.						

SPECIAL NOTICE 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

<ul style="list-style-type: none"> 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 02265-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above. 	<ul style="list-style-type: none"> Return the registration plates to the RMV immediately if: <ul style="list-style-type: none"> 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</i>, <i>Title</i>, and completed <i>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)

#498-204/2020

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: Meghan Tracy PHONE (A/C, No, Ext): (617) 464-3777 FAX (A/C, No): (617) 464-3888 E-MAIL ADDRESS: meghan.tracy@lighthouseins.net	
INSURED Dhanraj Mahase, DBA: MHS Worldwide LLC 275 Grove Street Suite 2-400 Newton MA 02466		INSURER(S) AFFORDING COVERAGE INSURER A: Lancer Insurance Company INSURER B: Liberty Mutual INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 26077	

COVERAGES

CERTIFICATE NUMBER: CL20101442772

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 - COM/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BA174075#2	10/10/2020	10/10/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist BI	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	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	N/A	WC5-31S-618874-019	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.I. EACH ACCIDENT	\$ 500,000
							E.I. DISEASE - EA EMPLOYEE	\$ 500,000
							E.I. DISEASE - POLICY LIMIT	\$ 500,000

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

Massport is listed as Additional Insured.

2019 Cadi Escalade (1GYS4JKJ0KR288751) plate# LV81607.

CERTIFICATE HOLDER

CANCELLATION

Massport Authority
1 Harborside Drive

East Boston

MA 02228

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

Don's Car Service

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

10/06/20
Received \$25.00
Money order
19-124237086

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.

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

Respectfully Submitted,

Don LaPlante

Donald LaPlante

RECEIVED
2020 OCT -6 PM 1:32
CITY CLERK
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 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: Donald LaPlante
2. Business Name: Dons 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 =

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:

Donald 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 - owner - 617-510-1485

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Donald LaPlante - Dons car service - 395 Lexington St. Auburndale - ma 02466
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
donscarservice@live.com
(email address) 617-510-1485

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. 8TL428	# 14	57DJZ3DC6HS166094				
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: Don's Car Service

Address: 395 Lexington Street

City/State/Zip Auburndale 02466 Phone #: 617-510-1485

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 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: Ronald Laplante Date: _____

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	Donald LaPlante Signature (In presence of Notary)		
Address	395 Lexington St.	auburndale	ma	02466
		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.



Setti D. Warren
Mayor

Inspectional Services Department

John D. Lojek, Commissioner
1000 Commonwealth Avenue
Newton Centre, MA 02459-1449
Telephone: (617) 796-1060
Fax: (617) 796-1086
www.ci.newton.ma.us

#499-20

Building/Zoning Inspectors
(617) 796-1060
Zoning Board of Appeals
(617) 796-1060
Plumbing and Gas Division
(617) 796-1070
Electrical Division
(617) 796-1075
TDD/TTY: (617) 796-1089

HOME BUSINESS/OFFICE AFFIDAVIT

BUSINESS NAME: Don's Car Service

PROPOSED USE: Phone and Office use.

BUSINESS OWNER'S NAME: Donald LaPlante

LOCATION OF BUSINESS: 395 Lexington St. Auburndale ma. 02466

PHONE: 617-510-1485 EMAIL: don's car service @ Live.com

☐ Please check the box if you are renting/leasing at the above address. (See back of form)

A home business or office is any commercial activity conducted within a dwelling unit by the residents thereof as an accessory use to the residential use of the dwelling unit, provided that no sale of merchandise, whether retail or wholesale, takes place on the premises, except as expressly provided below.

The term "home business" shall include but is not limited to, the studio of an artist, musician, photographer or writer; small group or individual instruction or tutoring; tailoring; millinery; crafts; word processing; computer software development; telephone solicitation; a manicurist; an office of a sales or manufacturer representative; and an office of a physician, dentist, lawyer, architect, registered engineer, accountant, psychologist, social worker or other professionals.

The term "home business" shall not include the following: a clothing rental business; a barber shop; a hairdresser; a restaurant; a repair shop, whether for small appliances or otherwise; a real estate broker; an orchestra or an instrumental music group; an antique shop; an animal hospital; or businesses similar to those enumerated.

A single home business per dwelling unit shall be permitted as an accessory use so long as such home business does not violate any of the following conditions:

1. The home business shall be clearly incidental and secondary to the use of the dwelling as a residence, shall be located within the dwelling unit, and shall not change the residential character thereof;
2. Irrespective of the location of the home business within the dwelling unit, the total area of the dwelling unit utilized for the home business shall not exceed thirty percent (30%) of the ground floor area of the dwelling unit or thirty percent (30%) of the gross floor area of an individual apartment if the dwelling unit is located in a multi family dwelling;
3. Not more than one (1) nonresident shall be employed in a secretarial or like position in a home business, except that a physician or dentist may employ one (1) technician in a capacity supportive of the practice of the resident professional in addition to one (1) secretary; Not more than three (3) customers, pupils or patients for business or instruction shall be present at any one time;

4. There shall be no on-premise storage of merchandise for sale in any instance where the home business is primarily a direct mail-order or telephone-order business, except in instances where the merchandise for sale is produced entirely on the premises;
5. There shall be no exterior display or exterior storage of merchandise, and no exterior indication of the home business other than one (1) non-illuminated identification sign not to exceed one (1) square feet in area;
6. There shall be no retail or wholesale sale of merchandise on the premises;
7. The home business shall not produce noise, vibration, glare, fumes, odors, electrical interference or traffic congestion beyond that which normally occurs in the immediate residential area, nor shall the home business result in the repeated disruption of the peace, tranquility, or safety of the immediate residential neighborhood;
8. In addition to the parking required for the residential use of a dwelling unit, off street parking shall be provided as follows: one (1) parking stall for each two hundred (200) square feet, or fraction thereof, of floor area used for the home business. If more than one (1) parking stall is required for the home business, the total number of parking stalls required shall be reduced by one (1) stall;
9. In any single family dwelling which has an authorized accessory apartment there shall be no more than one (1) home business, which shall be located in the principal dwelling unit.

Describe the intended business or office use: Phone and office use

I hereby certify that my Home Business or Office described above does and will conform to the above regulations.

Donald Laplante
SIGNATURE OF BUSINESS OWNER

DATE

I hereby certify that as the homeowner I have been informed of the Home Business or Office as described above.

X Anna Likely
SIGNATURE OF HOME OWNER

DATE

ISD OFFICIAL

DATE

HEALTH DEPARTMENT (IF APPLICABLE)

DATE

(City of Newton Revised Ordinance 1984, Section 30-8(c) as amended, Revised 10/30/96, HAH)



M.G.L. Chapter 90 section 24B makes it a crime to alter this certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type PAN	Registration Type PASSENGER NORMAL RED	Plate Number 8TL428	Effective Date 01-Sep-2020	Title Number CA403262	Expires On →	Month 08	Year 22
Model Year 2017	Make TOYT	Model SIENNA	Body Style VAN	Color(s) GRAY	Vehicle Identification Number 5TDJZ3DC6HS166094		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 395 LEXINGTON ST APT 3 AUBURNDAL MA 024661515					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address 015348 *****AUTO**5-DIGIT 02459 DONALD S LAPLANTE 395 LEXINGTON ST APT 3 AUBURNDAL MA 02466-1500					Insurance Company PROGRESSIVE DIRECT INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 7		
					Signature of Registrar <i>James J. L...</i> Not Valid Without Official Signature of Registrar		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

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 www.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.

221482095

DONALD S LAPLANTE
395 LEXINGTON ST
3
AUBURNDALE, MA 02466

Policy Number: 913391052

Underwritten by:
Progressive Direct Insurance Co
July 13, 2020
Policy Period: Aug 7, 2020 - Feb 7, 2021
Page 1 of 3

progressive.com

Online Service

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

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, 2020 at 12:01 a.m. This policy expires on February 7, 2021 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

Donald S LaPlante

Alba LaPlante

Additional information

Named insured

INSURANCE IDENTIFICATION CARD - Massachusetts

Policy Number: 913391052 **NAIC Number:** 16322
Effective Date: 08/07/2020 **Expiration Date:** 02/07/2021
Insurer: Progressive Direct Insurance Co 1-800-776-4737
P.O. Box 31260 Tampa, FL 33631

Named Insured(s):
Donald S LaPlante
Alba LaPlante

Year	Model
2017	TOYOTA

**Model
SIENNA**

VIN
5TDJZ3DC6HS166094

[illegible]

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

Outline of coverage

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

Auto 1

2017 TOYOTA SIENNA SPORT VAN

VIN: **5TDJZ3DC6HS166094**

Principal garaging address: 02466

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

Information regarding your vehicle history (prior damage, theft or title issues) has impacted how we determine your premium.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$212
Personal Injury Protection (Part 2)	\$8,000 each person	\$250	26
Deductible applies to You and household members			
Bodily Injury Caused by An Uninsured Auto (Part 3)	\$50,000 each person/\$100,000 each accident		7
(Compulsory Limits \$20,000/\$40,000)			
Damage to Someone Else's Property (Part 4)	\$50,000 each accident		144
(Compulsory Limit \$5,000)			

Optional insurance

	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$50,000 each person/\$100,000 each accident		20
Collision (Part 7)	Actual Cash Value	\$1,000 w/waiver	207
Comprehensive (Part 9)	Actual Cash Value	\$1,000	31
Comprehensive Window Glass			
\$100 glass			
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		52

Total 6 month policy premium

\$699.00

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, Continuous Insurance: Platinum and Three-Year Safe Driving

Driver

Donald S LaPlante

65 Plus

Vehicle

2017 TOYOTA
SIENNA

Smart Technology Discount

Smart Technology Discount SM is a service mark of Progressive Casualty Ins. Co.

Lienholder information

Vehicle

2017 TOYOTA SIENNA
5TDJZ3DC6HS166094

Lienholder

TOYOTA MOTOR CREDIT
ATLANTA, GA 30348

11-2-2020

#500-20

AMERICAN TRUCK and EQUIPMENT SALES LLC

274 DEDHAM ST

NEWTON MA. 02461

617-834-5964

Michael Gimmelfarb

Owner

11/2/20

Received

\$ 25 Check

#1574

To Whom it may concern!

I am requesting renewal of my public auto
transportation license

Thank you!

Michael Gimmel

Michael Gimmelfarb

RECEIVED

2020 NOV - 2 AM 9:26

CITY CLERK
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 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: *Michael Gimmelfarb*
2. Business Name: *AMERICAN TRUCK and EQUIPMENT SALES, LLC*
 Business Address: *274 DEDHAM ST NEWTON MA 02461*
 Business Telephone Number: *617-834-5964*
 email address: *mgim@VERIZON.NET*

3. Total number of Licenses: *1*

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): *N/A.*

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

MICHAEL GIMMELFARB
274 DEDHAM ST NEWTON MA 02461

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):

AMERICAN TRUCK and EQUIPMENT SALES LLC

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

MICHAEL GIMMELFARB 617-834-5964

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: MICHAEL GIMMELFARB AMERICAN TRUCK and EQUIPMENT SALES 617-834-5964
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)
mgim@verizon.net 274 BEDHAM ST
 (email address) (City/State/Zip) NEWTON MA 02461

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. LV 76277	2	4JGDFLEESGA687895				
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: AMERICAN TRUCK and EQUIPMENT SALES LLC

Address: 274 Dedham st

City/State/Zip: NEWTON MA 02461

Phone #: 617-834-5964

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 TRANSPORTATION / LIQUID

*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: 11-2-20

Phone #: 617-834-5964

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

City or Town: _____

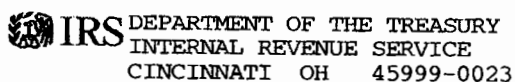
Permit/License # _____

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 #: _____



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-05-2008

Employer Identification Number:
26-3114478

Form: SS-4

Number of this notice: CP 575 B

AMERICAN TRUCK & EQUIPMENT SALES
LLC
MICHAEL GIMMELFARB MBR
274 DEDHAM ST
NEWTON, MA 02461

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 26-3114478. 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.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2009

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

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.



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 263114478

[Request certificate](#)

[New search](#)

Summary for: AMERICAN TRUCK & EQUIPMENT SALES, LLC

The exact name of the Domestic Limited Liability Company (LLC): AMERICAN TRUCK & EQUIPMENT SALES, LLC

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: 263114478 **Old ID Number:** 000983751

Date of Organization in Massachusetts: 08-06-2008

Last date certain:

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

Address: 274 DEDHAM STREET

City or town, State, Zip code, NEWTON, MA 02461 USA
Country:

The name and address of the Resident Agent:

Name: MICHAEL GIMMELFARB

Address: 274 DEDHAM ST.

City or town, State, Zip code, NEWTON, MA 02461 USA
Country:

The name and business address of each Manager:

Title	Individual name	Address
MANAGER	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 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	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA


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	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

CERTIFICATE OF REGISTRATION

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

#500-20
#193-18
RMV Division

PLATE TYPE LVN	REGISTRATION NUMBER LV76277	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 08/01/19	EXPIRES LAST DAY OF 07 21	MONTH 07	YEAR 21	TRANSACTION NUMBER 92917600007093										
MFRS MODEL YEAR 2016	MAKE MERZ	MODEL GL350	BODY STYLE/TYPE SUV	COLOR BLACK	Not valid without official signature of Registrar <i>Chen C. Jerny</i>		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 5										
VEHICLE IDENTIFICATION NUMBER 4JGDF2EE5GA687895		INSURANCE COMPANY SAFETY INSURANCE		TITLE NUMBER BR494584		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.											
RESIDENTIAL ADDRESS (IF DIFFERENT)					FEEES												
NAME(S) OF OWNER(S) AND MAILING ADDRESS  014153 *****AUTO**5-DIGIT 02459 AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON MA 02461-2045					<table> <tr> <td>REGISTRATION</td> <td>90.00</td> </tr> <tr> <td>TITLE</td> <td>0.00</td> </tr> <tr> <td>SPECIAL PLATES</td> <td>0.00</td> </tr> <tr> <td>SALES TAX</td> <td>0.00</td> </tr> <tr> <td>TOTAL</td> <td>90.00</td> </tr> </table>			REGISTRATION	90.00	TITLE	0.00	SPECIAL PLATES	0.00	SALES TAX	0.00	TOTAL	90.00
REGISTRATION	90.00																
TITLE	0.00																
SPECIAL PLATES	0.00																
SALES TAX	0.00																
TOTAL	90.00																
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.mass.gov/rmv. 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.mass.gov/rmv 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.mass.gov/rmv

211507400



CERTIFICATE OF LIABILITY INSURANCE

#500-20

#100-13

DATE (MM/DD/YYYY)

07/02/2019

PRODUCER DVORKIN INS AGENCY 2001 BEACON ST BRIGHTON, MA 02135 617 731-4554	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON, MA 02461	<table border="1"><tr><td>INSURERS AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: SAFETY INSURANCE 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></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: SAFETY INSURANCE CO.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: SAFETY INSURANCE CO.													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
		GENERAL LIABILITY <input type="checkbox"/> 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				<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$
EACH OCCURRENCE	\$																	
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$																	
MED EXP (Any one person)	\$																	
PERSONAL & ADV INJURY	\$																	
GENERAL AGGREGATE	\$																	
PRODUCTS - COMP/OP AGG	\$																	
	X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	2704787	05/21/2019	05/21/2020	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																	
BODILY INJURY (Per person)	\$																	
BODILY INJURY (Per accident)	\$																	
PROPERTY DAMAGE (Per accident)	\$																	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1"><tr><td>AUTO ONLY - EAACCIDENT</td><td>\$</td></tr><tr><td>OTHER THAN AUTO ONLY: EAACC</td><td>\$</td></tr><tr><td>AGG</td><td>\$</td></tr></table>	AUTO ONLY - EAACCIDENT	\$	OTHER THAN AUTO ONLY: EAACC	\$	AGG	\$						
AUTO ONLY - EAACCIDENT	\$																	
OTHER THAN AUTO ONLY: EAACC	\$																	
AGG	\$																	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$		
EACH OCCURRENCE	\$																	
AGGREGATE	\$																	
	\$																	
	\$																	
	\$																	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"><tr><td><input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER																		
E.L. EACH ACCIDENT	\$																	
E.L. DISEASE - EA EMPLOYEE	\$																	
E.L. DISEASE - POLICY LIMIT	\$																	
		OTHER				<table border="1"><tr><td>COLL 1000</td><td></td></tr><tr><td>COMP 1000</td><td></td></tr></table>	COLL 1000		COMP 1000									
COLL 1000																		
COMP 1000																		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
2016 MERZ GL350 VIN: 4JGDF2EE5GA687895 LICENSE S77379285

CERTIFICATE HOLDER IS ALSO AND ADDITIONAL INSURED

CERTIFICATE HOLDER

MASSACHUSETTS PORT AUTHORITY
ONE HARBORSIDE DR SUITE 200S
EAST BOSTON MA 02128

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
DVORKIN INS AGENCY

NOV 17 2020

Gregorio Cedeno

9 elm wood park Apt 2

Newtonville

Application request for
Public Auto renewal license

RECEIVED
2020 NOV 17 AM 10:59
CITY CLERK
NEWTON, MA 02459



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

November 17, 2020 at 10:54 am

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2020	1	NEWTON LIMOS COMPANY BACE <i>OK DWelaney</i>	ONLINE	\$25.00
	PUBLIC AUTO			1 x \$25.00	\$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-4253741

Reference Code: 134441367/134441368

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: Jose Gregorio Cedeno
2. Business Name: Bace Limousine Services LLC
 Business Address: 9 Elmwood Park, Newtonville MA 02460
 Business Telephone Number: 786 271 5814
 email address: CedenoGreg@me.com

3. Total number of Licenses: 01

PUBLIC AUTO = 01

TAXI LICENSE =

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

CITY CLERK
NEWTON, MA 02459

2008 NOV 17 AM 9:50

RECEIVED

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:

Jose Gregorio Cedeno
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 / 786 271 5814

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Jose Gregorio Cadenas Barco Limousine Services LLC 9 Elmwood Park, Newtonville MA 02460 / 786 271 5814
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)

cadenasgreg@re.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. LV 85929		1GNSCHK46R242666	57024			
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: Bace Limousine Services LLC
 Address: 9 Elmwood Park Newtonville MA 02460
 City/State/Zip: Newton MA 02460 Phone #: 786 271 5814

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 _____

*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: 11-16-2020

Phone #: 786 271 5814

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
William Francis Galvin

Minimum Fee: \$500.00

#501-20

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

Certificate of Organization

For the State of Massachusetts

Identification Number: 001411452

1. 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 02460 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

EXTERNAL CODE LVN		REGISTRATION TYPE Livery Normal		PLATE NUMBER LV85929	EFFECTIVE DATE 01-Oct-2019	TITLE NUMBER CA056667	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 LANCER INSURANCE COMPANY	
						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE 7	
LESSEE/IN CUSTODY OF						<i>James J. John</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.



CERTIFICATE OF LIABILITY INSURANCE

#501-20

DATE (MM/DD/YYYY)
10/02/2020

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: Fernanda Gomes PHONE (A/C, No, Ext): (617) 464-3777 FAX (A/C, No): (617) 464-3888 E-MAIL ADDRESS: fernanda.gomes@lighthouseins.net	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Lancer Insurance Company	26077
INSURED Jose G Cedeno 9 Elmwood Park Newtonville MA 02460		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** CL2010242624**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 - COMPI/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			BA174451#1	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ property damage EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				

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

Certificate Holder is also Additional Insured.
2016 Chevrolet Suburban 1GNSCHKC4GR242566; LV85929
Jose G Cedeno 03/04/1978

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

Fernanda Gomes

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NOV 17 2020

NOEL DIAZ

9 elmwood park

APT 2 Newtonville

Application request for
Public Auto renewal License

RECEIVED

2020 NOV 17 AM 10:59

CITY CLERK
NEWTON, MA. 02459



#502-20

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

November 17, 2020 at 10:34 am

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2020	1	NEWTON LIMOS COMPANY	ONLINE	\$25.00
	PUBLIC AUTO			1 x \$25.00	\$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-4253624

Reference Code: 134438917/134438920

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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[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: NOEL DIAZ
2. Business Name: Newton Limos company
 Business Address:
 Business Telephone Number: 617 775 4735
 email address: noelstepa@icloud.com

3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

RECEIVED
2020 NOV 17 AM 9:55
CITY CLERK
NEWTON, MA 02459

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 APT 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:

NOEL DIAZ owner 617 775 4735

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: NOEL DIAZ Newton Limos company 9 elmwood park Apt 2 617 775 4735
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)
noelestepa@icloud.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. LV88175		2G61M5533K9115510	30199			
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: Newton Limos company
 Address: 9 elmwood park apt 2 Newtonville
 City/State/Zip: 02460 Phone #: 617 775 4735

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 _____

*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: Hed

Date: 11/17/2020

Phone #: 617 775 4735

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**
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 156C)

Identification Number: 0014207681. The exact name of the limited liability company is: NEWTON LIMOS COMPANY 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: 02460-1809 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: MARIA A OCANDO
No. and Street: 9 ELMWOOD PARK APT 2
City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USAI, MARIA A OCANDO 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	NOEL C DIAZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460 USA

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	NOEL C DIAZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460

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	NOEL C DIAZ	9 ELMWOOD PARK APT2 NEWTONVILLE, MA 02460 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 15 Day of January, 2020,
NOEL C DIAZ

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



CERTIFICATE OF REGISTRATION 2-20

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					
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE					
						<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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

#502-20 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 170 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		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.

INSURER	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 \$ OTHER:
	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) \$ OTHER:
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
	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)

Certificate is provided to Holder as proof of active coverage for above Named Insured.

2019 Cadillac Xts 2G61M5S33K9115510

Noel Diaz S96549714 DOB: 09/26/1966

CERTIFICATE HOLDER

Massachusetts Port Authority
1 Harborside Drive
Suite 200S
East Boston

MA 02128

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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Named insured

NOEL C DIAZ
9 ELMWOOD PARK APT 2
NEWTON, MA 02460

Policy number: 01692546-0

Underwritten by:
Progressive Casualty Insurance Co
January 22, 2020
Policy Period: Jan 21, 2020 - Jan 21, 2021
Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-617-464-3777

LIGHTHOUSE INSURANCE

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage began the later of January 21, 2020 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on January 21, 2021 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. Compulsory limits are included in, not in addition to, optional limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852MA (05/06), 1652MA (05/06), 1198 (01/04), 4852MA (04/06), 4881MA (04/11) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

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
Fees			60
Total 12 month policy premium and fees			\$9,761

Rated driver

1. NOEL C DIAZ

#

10/21/20

#503-20

To the Newton City Council

10/21/20

Received

\$25.

I am requesting a renewal for payment
my public auto licence.

Credit
card

ISMAL LUNKOG

[Signature] by 7.

RECEIVED

2020 OCT 21 PM 3:07

CITY CLERK
NEWTON, MA 02459



Newton Massachusetts
THE OFFICIAL CITY WEBSITE

Bill Cart	
Items: #500 -20	1
Subtotal:	\$ 25.00
View Cart	Checkout

October 21, 2020 at 3:09 pm

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2020	1	IZMOLINO LLC	ONLINE	\$25.00
			PUBLIC AUTO LIC	1 x \$25.00	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

D. Delaney

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

Transaction Code: CHS-NEWTON-MA-US-4151161

Reference Code: 131822804/131822807

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: ISMAIL UNKOC
2. Business Name: 12MOLIMO.LLC
Business Address: 184 River St. West Newton 02465
Business Telephone Number: 6177754784
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:

ISMAIL UNKOC, OWNER, 6177754784

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

#503-20

LICENSE HOLDER: ISMAIL UNKOC 12MOLIMO.LLC 184 River St. West Newton, MA 02465 617 775 4784
(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. LV86122		2G61M5S3919156660	71,800	-		
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: 12MOLIMO.LLCAddress: 184 River St.City/State/Zip: West Newton, MA 02465 Phone #: 617 775 4784**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 _____

*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.

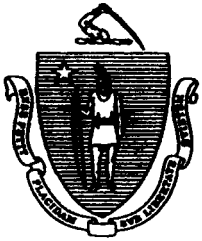
I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.Signature: [Signature] Date: 10/21/20Phone #: 617 775 4784**Official use only. Do not write in this area, to be completed by city or town official.**

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 #: _____



William Francis Galvin
Secretary of the
Commonwealth

~~#129-20~~
#503-20

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

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,

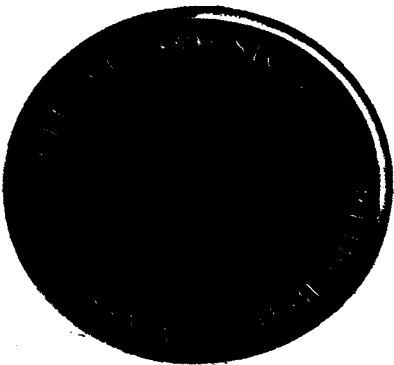
I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



#129-20

#503-20



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	MONTH 02	YEAR 21	TRANSACTION NUMBER 02931142310114
AFRS MODEL YEAR 2018	MAKE CADI	MODEL XTS	BODY STYLE/TYPE SEDAN	COLOR BLACK	Not valid without official signature of Registrar	
VEHICLE IDENTIFICATION NUMBER 2G61M5S39J9156660		INSURANCE COMPANY PROGRESSIVE CASLTY		TITLE NUMBER EXAM	REGISTRAR <i>James J. Jelen</i>	IF VEHICLE CARRYING PASSENGERS FOR HIRE, MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED 05
RESIDENTIAL ADDRESS (IF DIFFERENT) 184 RIVER ST W NEWTON, MA 02465					TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER	
NAME(S) OF OWNER(S) AND MAILING ADDRESS UNKOC, ISMAIL 184 RIVER ST W NEWTON, MA 02465					FEES 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

<p>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.</p> <p>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.</p>	<p>Return the registration plates to the RMV immediately if:</p> <ul style="list-style-type: none"> 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</i>, and completed <i>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!



CERTIFICATE OF LIABILITY INSURANCE

#129-20

#503-20

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 (ASC, No. Ext): (617) 464-3777 FAX (ASC, No.): (617) 464-3888 E-MAIL ADDRESS: pablo.deoliveira@lighthouseins.net INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Casualty Ins Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Ismail Unkoc DBA Izmotimo LLC 184 River St West Newton MA 02465	NAIC # 24260

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 INSR	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 - COMPIOP AGG \$ \$
A	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	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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	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 Massport 1 Harborside Drive Suite 200S East Boston MA 02128	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 <i>Pablo De Oliveira</i>
--	--

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#504-20
11/4/20
Received \$25.00
Check
1065

**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: **RAJIV KUMAR**
2. Business Name: **OM SAI ENTERPRISES INC.**
Business Address: **2323 WASHINGTON ST APT #G3 NEWTON, MA 02462**
Business Telephone Number: **781-985-9461**
email address: **RAJIVBERLIN@YAHOO.COM**
3. Total number of Licenses: **1**
PUBLIC AUTO = 1
TAXI LICENSE = - N -
4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:

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

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

- N -

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

- N -

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):

RAJIV KUMAR - PRESIDENT
MARCITA RICHARD KUMAR - TREASURER.

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

RAJIV KUMAR - PRESIDENT
PH: 781-985-9461

RECEIVED
2020 NOV -4 PM 4:00
CITY CLERK
NEWTON, MA 02459

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: RAJIV KUMAR OM SAI ENTERPRISE INC. 2323 WASHINGTON ST. APT. G3
 (Owner Name) (Company Name) (Company Address) NEWTON (Company Phone Number)
RAJIVBERLIN@YAHOO.COM MA-02462 781-985-9461
 (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>LV 84072</u>	<u>MA</u>	<u>1GKS2GKC6HR318090</u>	<u>122786</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 RATIV KUMAR **Please Print Legibly**

Business/Organization Name: OM SAI ENTERPRISES INC.

Address: 2323 WASHINGTON ST. APT. G-3

City/State/Zip: NEWTON - MA 02466 Phone #: 781-985-9461

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: PROGRESSIVE CASUALTY CO.

Insurer's Address: 104 TURNPIKE ST. SUITE # 2

City/State/Zip: West BRIDGEWATER, MA - 02379

Policy # or Self-ins. Lic. # 02836523-0

Expiration Date: 10/28/2021

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: 11/05/20

Phone #: 781-985-9461

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

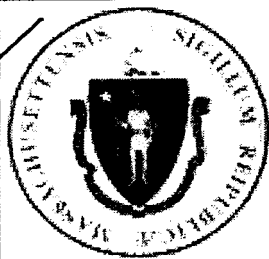
City or Town: _____ Permit/License # _____

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
William Francis Galvin

Minimum Fee: \$100.00

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

Annual Report 2019

General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 465418141

1. Exact name of the corporation: OM SAI ENTERPRISES INC.

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: RAJIV KUMAR
 No. and Street: 34 CLARK ST. APT 1
 City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 2323 WASHINGTON STREET
APARTMENT G-3
 City or Town: NEWTON State: MA Zip: 02462 Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	RAJIV KUMAR	2323 WASHINGTON ST APT. G-3 NEWTON, MA 02462 USA
SECRETARY	RAJIV KUMAR	2323 WASHINGTON ST APT. G-3 NEWTON, MA 02462 USA
TREASURER	MARCITA RICHARD KUMAR	2323 WASHINGTON ST APT G-3 NEWTON, MA 02462 USA
DIRECTOR	MARCITA RICHARD KUMAR	2323 WASHINGTON ST APT G-3 NEWTON, MA 02462 USA

7. Briefly describe the business of the corporation:

TRANSPORTATION

8. Capital stock of each class and series:

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
CNP	\$0.00000	500	\$0.00	500

9. Check here if the stock of the corporation is publicly traded: ☐

10. Report is filed for fiscal year ending: 12/31/ 2019

Filer's Contact Information

(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: RAJIV KUMAR

Business Name:

No. and Street: 2323 WASHINGTON STREET
APARTMENT G-3

City or Town: NEWTON

State: MA

Zip: 02462

Country: USA

Contact Phone: (781) 985-9461 ext:

Contact Email: apathancpa@gmail.com

Please provide an email address to receive an expedited response from the Corporations Division.

If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

Please select delivery method for annual report notices:

☐ Email

apathancpa@gmail.com

☒ Mail

Signed by RAJIV KUMAR, its president
on this 21 Day of January, 2020

Make Corrections

Accept



CERTIFICATE OF REGISTRATION

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 LV84072		EFFECTIVE DATE 01-Mar-2020		TITLE NUMBER BU542429		EXPIRES ON 28-Feb-2022	
MODEL YEAR 2017	MAKE GMC	MODEL YUKOXL	MODEL NUMBER XL	BODY STYLE SUV	COLOR BLACK		VEHICLE IDENTIFICATION NUMBER 1GKS2GKC6HR318090				
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)							TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER				
GARAGE ADDRESS 2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431							US DOT NUMBER FOR COMMERCIAL VEHICLE				
NAME(S) OF OWNER(S) AND MAILING ADDRESS OM SAI ENTERPRISES INC 2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431							INSURANCE COMPANY Arbella Protection Insurance Company				
LESSEE/IN CUSTODY OF							MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE 7				
							<i>James J. Jeter</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



CERTIFICATE OF LIABILITY INSURANCE

#504-20

DATE (MM/DD/YYYY)

10/28/20

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 A One Insurance Agency 104 Turnpike Street Suite 2 West Bridgewater, MA 02379	CONTACT NAME: Enrique Arce PHONE (A/C, No, Ext): 508-659-5969 FAX (A/C, No): 508-955-2405 E-MAIL ADDRESS: enrique@aoneinsagency.com INSURER(S) AFFORDING COVERAGE INSURER A: [REDACTED] INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED OM SAI Enterprises 2323 Washington street, Apt G3 Newton, MA 02462	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 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 \$ \$
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			[REDACTED]	10/28/20	[REDACTED]	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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 holder is also named additionally insured
2017 GMC YUKON vin# 1GKS2GKC6HR318090 plate # LV84072
Rajiv Kumar

CERTIFICATE HOLDER

CANCELLATION

Massachusetts Port Authority
One 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

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Received
\$25.00 check #104

Boston Cool Ride Limo Inc
Lahcene Belhouchet , President
32 Adams St Newton, MA 02460
#617-8693141

RECEIVED
2020 NOV 17 AM 11:59
CITY CLERK
NEWTON, MA. 02459

November 3rd, 2020

To City Council, 100 Commonwealth Avenue, Newton Centre, MA
02459

Dear City Council,

My name is Lahcene Belhouchet, the President of Boston Cool Ride
Limo Inc. I would like to obtain Public Auto License ^{renewal} to operate in
Newton, MA.

Sincerely,

Lahcene Belhouchet

**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: *LAHCENE BELHOUCHE*
2. Business Name: *Boston Cool Ride Limo INC*
 Business Address: *32 Adams St Newton MA 02460*
 Business Telephone Number: *# 6178693141*
 email address: *belhouchet70@gmail.com*
3. Total number of Licenses: *1*

PUBLIC AUTO =

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):

corporation S

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

Lahcene Belhouchet

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):

Boston Cool Ride Limo Inc

lahcene Belhouchet - president

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

lahcene Belhouchet, president

6178693141

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Lahcene Belhouche/Boston Cool Ride Limo Inc/ 32 Adams St Newton MA
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
belhouche70@gmail.com #6178697007
(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. LV 65479		1GYS4GKJR	339279			
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: Boston Cool Ride Limo LLC

Address: 32 Adams St

City/State/Zip: Newton MA 02460 Phone #: 617 8693141

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: [Signature] Date: 11/3/20

Phone #: 617 8693141

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

City or Town: _____ Permit/License # _____

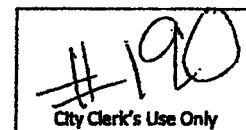
Issuing Authority (circle one):

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



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	Boston Cool Ride Limo Inc			
Purposed Use	transportation			
Location of Business	Address	City	State	Zip code

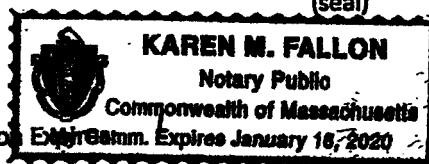
The full name and address of each person conducting such business:

Name	Belhouchet Lahcene		Signature (in presence of Notary)	
Address	32 Adams St Newton	Newton	MA	02460
Name			Signature (in presence of Notary)	
Address		City	State	Zip code
Name			Signature (in presence of Notary)	
Address		City	State	Zip code

On JUNE 12, 2017 the above named person(s) personally appeared before me and made oath that the foregoing statement is true. (seal)

Karen M. Fallon
Notary Public

My commission



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: June 12, 2021
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.

MR-1

Zoning District

Wce

Attest

Received in the City Clerk's Office

56

Book

190

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


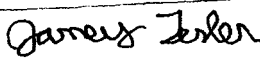
Time Stamp

BOARD OF ELECTION
COMMISSIONERS
2017 JUN 12 P 3:53
NEWTON, MASS



CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this certificate
#50520
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV65479	Effective Date 01-Oct-2020	Title Number BV065320	Expires On →	Month 09	Year 22
Model Year 2018	Make CADI	Model ESCALA	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 1GYS4GKJ4JR339279		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 32 ADAMS ST NEWTON MA 024600000					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  003482 ****AUTO**ALL FOR AADC 021 LAHCENE BELHOUCHE 32 ADAMS ST NEWTON MA 02460-1203					Insurance Company ARBELLA PROTECTION INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 8		
					Not Valid Without Official Signature of Registrar 		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

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](https://www.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 www.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](https://www.mass.gov/rmv) for list of available transactions.

221254485



BELHO-1

OP ID: SH

CERTIFICATE OF LIABILITY INSURANCE

#505-20
DATE (MM/DD/YYYY)
06/17/2020

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
Brown & Brown of Mass., LLC
dba Rodman Insurance Agency
145 Rosemary St., Bldg. A
Needham, MA 02494-3238
Evan Tobasky

781-247-7800

CONTACT**NAME:****PHONE**
(A/C, No, Ext): 781-247-7800**FAX**
(A/C, No): 781-444-0090**E-MAIL****ADDRESS:****INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Arbella Protection Insurance

41360

INSURER B:**INSURER C:****INSURER D:****INSURER E:****INSURER F:**

INSURED Lahcene Belhouchet
Boston Cool Ride Inc.
32 Adams St
Newton, MA 02460

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 INSR	SUBR W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/POP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY			1020065990	06/22/2020	06/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> \$1000 Deds						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	<input checked="" type="checkbox"/> Comp/Coll						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

2018 Cadillac 1GYS4GKJ4JR339279

CERTIFICATE HOLDER

Lahcene Belhouchet
Boston Cool Ride Inc.
32 Adams St
Newton, MA 02460

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