

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

<u>GEORGE MARRY</u>, 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

<u>GEORGE MARRY</u>, 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

<u>GEORGE MARRY</u>, 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

<u>DHANRAJ MAHASE</u>, 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.

page 2

#499-20 Requesting renewal of public auto license

<u>DONALD LAPLANTE</u>, 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

<u>ISMAIL UNKOC</u>, 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

<u>RAJIV KUMAR</u>, 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

<u>LAHCENE BELHOUCHET</u>, 32 Adams Street, Newton, MA 02460 requesting **renewal of one (1) public auto license** for Boston Cool Ride Limo Inc.

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

Respectfully submitted,

Andreae Downs, Chair

Received \$ 25,00

Check Application is For Holden's

Taxi, Inc.

NEWTON TAXI COS

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

CITY OLERK

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: GOORGE MARRY

2. Business Name: HOLDON'S TAXI INC

Business Address: 50 UHIOH ST

Business Telephone Number: 617.244.2404

email address:

3. Total number of Licenses:

PUBLIC AUTO =

TAXI LICENSE =

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

1

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

GEURGE WARRY, FRES

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

GEORGE MARRY TREAS

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER:	(Owner Name)	(Comp	any Name)	(Company Addre	ess) (617-244-2404 Company Phone Numbe
	(email address)				-	
Please list below for each	ch vehicle:			•		
MASS. REG.# TAXI/PA#	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #	
1. TA250	60	2FABP7BV88K	rowad	26857	· · · · · · · · · · · · · · · · · · ·	
2.						· ·
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8.						·
9.						



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: Hondon's Var INC
Address: 50 UNION ST.
City/State/Zip: Nowton NAA Phone #: 617 244.2404
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 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
their right of exemption per c. 152, §1(4), and we have 10. Manufacturing
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.]
*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: TRAUETERS
Insurer's Address: 2480 LAKEMONT Prof STE ZOC
City/State/Zip: ORLANDO, FL 33814
Policy # or Self-ins. Lic. # 7PTUB- 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: Jalle 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

PREMIUM BASIS

ESTIMATED

RATES PER \$100 OF **ESTIMATED**

CODE CLASSIFICATION

TOTAL ANNUAL REMUNERATION REMUNERATION

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 22 3.51% MA WC SPECIAL FUND AND TRUST FUND 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

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

RMV-Division

4

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SPECIAL MESSAGE IF THIS VI	EHICLE IS NEWLY	ACQUIRED,	IT	CHANGE OF ADDRESS			
MUST BE II	NSPECTED WITHIN	SEVEN (7)					
DAYS OF RE	EGISTRATION.		·	STREET ADDRESS			
,							
				CITY, STATE, ZIP CODE	 	*	

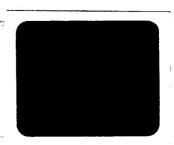
Important Information for Vehicle Owners

- 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 filled with the State Treasurer's Office.
- <u>Transferring Your Plates</u>: 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 <u>www.mass.gov/rmv</u> 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.



For best re

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



46-2000

PO Box 55392

1-800-ARBELLA I ARBELLA.COM

Boston, MA 02205-5392

INVOICE

Account Number	Invoice Mail Date	Total Balance Mini	mum Due	
612007602	11/09/2020	\$3,158.00	\$358.00	Due Date 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	olicy Number Company	2.7.37	- Pay by bi	ARBELLA.		
		Line of Business	Policy Period	Previous Balance	Current	Minimum Due
1020005501	Arbella Protection	Commorcial		the second control of	Balance	warming Due
		Commercial Auto	09/27/2020 - 09/27/2021	\$4,377.00	\$3,125.00	\$325.00
			Premium:	\$4,377.00	\$3,125.00	
			Fees:	\$0.00	\$33.00	\$33.00
			Total:	\$4,377.00	\$3,158.00	\$358.00

NEWTON TAXI COS #496-2

50 UNION STREET NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

17 November 2020

Received \$50.00

Check

Application is

for Newtonville Cab Co,, Inc,

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

OTTY CLERK 2770H, MA. 02459 TODANNI 19 ANII: LE

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.	Name of Applicant: George Marrey Business Name: Heuron ULLE Caro & The Business Address: 50 UHCON ST., Heuron 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:

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):

NEWTONULLE CAR CO INC 9. Please provide the name, title and business telephone number of the person to contact

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

concerning complaints:

GEORGE MARRY 617, 527, 6400

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER:	Care MARRO	NEW TONOILUE /	The SOUHION SO	Now mo Contre	617.527.6400
	(Owner Name)	(Company Name			Company Phone Number
	(email address)		·		
Please list below for ea	ch vehicle:				
MASS. REG.# TAXI/PA#	MEDALLION #	VEHICLE ID # ODOMI (VIN) REAL	ETER TAXI METER DING SERIAL #	1 ST INSPECTION (mileage & meter #)	
1. TAZYY	55	2FABP18U58X180768	94573		
2. TAZ43	54	264RDC931CR29V6	29 26844	<i>t</i>	
3.					
4.					
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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 PE	RMITTING AUTHORITY.
Applicant Information	Please Print Legibly
Business/Organization Name: Name:	ILLE CAS & INC
Business/Organization Name. MEDITON O	TILLE CHE SO THE
Address: 50 clasion St.	
City/State/Zip: Nouron Ma 02479	Phone #: 617-527-640C
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	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
their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**	10. Manufacturing
4. We are a non-profit organization, staffed by volunteers,	11. Health Care
with no employees. [No workers' comp. insurance req.]	12. Cother 7AX
*Any applicant that checks box #1 must also fill out the section below showing the **If the corporate officers have exempted themselves, but the corporation has othe organization should check box #1.	ir workers' compensation policy information. r employees, a workers' compensation policy is required and such an
I am an employer that is providing workers' compensation insur	ance for my employees. Below is the policy information.
Insurance Company Name: RAUECEES	
	PHOT AVE STE 200
Insurer's Address: 2420 LAKEM City/State/Zip: ORLANDO, FI	32814
Policy # or Self-ins. Lic. # 18-115-4799 P64 - 6 Attach a copy of the workers' compensation policy declaration	Expiration Date: 10/05/21 1 page (showing the policy number and expiration date).
Failure to secure coverage as required under Section 25A of MGL fine up to \$1,500.00 and/or one-year imprisonment, as well as civi of up to \$250.00 a day against the violator. Be advised that a copy Investigations of the DIA for insurance coverage verification.	il penalties in the form of a STOP WORK ORDER and a fine of this statement may be forwarded to the Office of
I do hereby certify, under the pains and penalties of perjury that	the information provided above is true and correct.
Signature: July Laury	Date: 17 November 2010
Phone #: 617, 527 6400	
Official use only. Do not write in this area, to be completed by City or Town: Per	v city or town official. mit/License #
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town C 6. Other	lerk 4. Licensing Board 5. Selectmen's Office
Contact Person:	Phone #:

www.mass.gov/dia



#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

INSURED'S NAME: HOLDEN TAXI, INC.

13579-MA

RATE BUREAU ID: 000113002

PREMIUM BASIS

ESTIMATED RATES TOTAL ANNUAL

ESTIMATED

PER \$100 OF ANNUAL CLASSIFICATION CODE REMUNERATION REMUNERATION **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 IF ANY 8385 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

DATE OF ISSUE: 09-21-20 WC

ST ASSIGN: MA

SCHEDULE NO: 2 OF MORE



CERTIFICATE OF REGISTRATION

2011 FORD CROVIC SEDAN BLACK signature of Registrar PASSENGERS FOR HIRE: MICLE IDENTIFICATION NUMBER 2FABP7BV5BX180768 ARBELLA PROTECTION BP748389 MEIS) OF OWNERS) AND MAILING ADDRESS **Initial Milling Address** **MEIS) OF OWNERS) AND MAILING ADDRESS **OF OWNERS) AND MAILING ADDRESS **Initial Milling Mil	OTAL REGISTERED VERGHT FOR A DOMMERCHAL VEHICLE OR TRAILER.
TAX TAZ44 TAXT 12/01/19 11 20 02930/012 RS MODEL YEAR MAKE MODEL BOOY STYLETYPE COLOR 2011 FORD CROVIC SEDAN BLACK RICLE IDENTIFICATION NUMBER ARBELLA PROTECTION BP748389 SIDENTIAL ADDRESS (IF DIFFERENT) MEIS) OF OWNER(S) AND MAILING ADDRESS **INCLUDE TO BE ADDRESS (IF DIFFERENT) MEIS) OF OWNER(S) AND MAILING ADDRESS **INCLUDE TO BE ADDRESS (IF DIFFERENT) **FEES **REGISTRATION NUMBER OF PASSENGERS THAT CAN BE SEATED. **SEATED.** **REGISTRATION 60.** **REGISTRATION 60.** **NEWTONVILLE CAB CO INC SPECIAL PLATES 20.** **SPECIAL PLATES 20.** **SALESTAX 0.** **SALESTAX 0.** **SALESTAX 0.** **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SECOND TO BE SEATED. **SPECIAL PLATES 20.** **SALESTAX 0.** **SALESTAX 0.** **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SECOND TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SALESTAX 0.** **SPECIAL PLATES 20.** **SALESTAX 0.** **ON TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SECOND TO BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **TITLE NUMBER OF PASSENGERS THAT CAN BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **ON TO BE SEATED. **SALESTAX 0.** **ON TO BE SEATED. **ON TO B	OTAL REGISTERED VERGHT FOR A DOMMERCHAL VEHICLE OR TRAILER.
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2011 FORD CROVIC SEDAN BLACK signature of Registrar PASSENGERS FOR MULTIPLE NUMBER BP748389 MEIS) OF OWNER(S) AND MALLING ADDRESS OUT OF OWNER(S) AND MALLING	COMMERCIAL VEHICLE OF TRAILER.
ARBELLA PROTECTION BP748389 SIDENTIAL ADDRESS (IF DIFFERENT) MEIS) OF OWNERS) AND MALING ADDRESS O3200 ****AUTO**ALL FOR AADC 021 NEWTONVILLE CAB CO INC 50 UNION ST NEWTON MA 02459-2223 NEGISTRAR MAXIMUM MALINBER BP748389 FEES REGISTRAR MAXIMUM MALINBER BP748389 FEES REGISTRAR MAXIMUM MALINBER BP748389 FEES REGISTRAR MAXIMUM MALINBER FEES REGISTRAR MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. FOR SPECIAL PLATES 20. SALESTAX 0.	.00
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	.00
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION	
REGISTRY OF MOTOR VEHICLES DIVISION	ľ
The records of the RMV database constitute the official status of the vehicle registration.	
THE MUTE VENEZUE TO NICHTAR ACCUITABLE TO	
ECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7)	
DAYS OF REGISTRATION.	
DAIS OF REGISTRATION.	
	1
CITY, STATE, ZIP CODE	

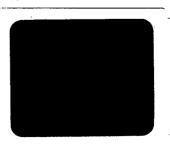
Important Information for Vehicle Owners

- · Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if anv. 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



CERTIFICATE OF REGISTRATION

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

N RMV Division

ATE TYPE											_	#490-20	,	
AIE IYPE	REGISTRATION NUMBER	HE	GISTRATION TYP	E	EFFECTIVE DATE		EXPIRES	**	MONTH	YEAR	TRANSAC	TION NUMBER		
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003199 ****AUTO**ALL FOR AADC 021								TITLE 0.00			.00			
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			459-2223	3			SALES TAX			0.00				
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PECIAL MESSAG				EWLY ACQUIRED	•	CHA	NGE OF ADDRESS							
MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.					,	STREET ADDRESS					I			
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	\					-	STATE, ZIP CODE							
<u></u>						City.	STATE, ZIP CODE							

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



201806363

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



46-2000

PO Box 55392

800-ARBELLA | ARBELLA.COM

Boston, MA 02205-5392

INVOICE

Account Number	Invoice Mail Date	Total Balance	Minimum Due	Due Date	l
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 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
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
	Balantina da 1980 da eta 1982 de de	Bright the Bright of the State	Total:	CO PORTO		CZOD OO

NEWTON TAXI COS

50 UNION STREET NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

17 November 2020

Received \$ 25,00

Chech.

Application is for Newton Taxi Co.

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

CITY CLERK EWTON, MA. 0245 ST:IINV 61 AON 3733

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: GERGE MARRY
2.	Business Name: Mawton Taxi Co Business Address: 50 Lenion St Newton Centre Business Telephone Number: 617, 244. 6600 email address:
3.	Total number of Licenses:
	PUBLIC AUTO =
	TAXI LICENSE = /
4.	If applicable, <u>list ALL address locations</u> 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:

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 2/6/a HOLUTON TAX, Co GARRE MARRY, PRES

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

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

GEORGE MARRY
617. 244.6600

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER:	GEORGE MA	DRU Navro	H JAXI Co	50 UNION ST	Mauron CENTRE (Co	617,244.66
DIOPHOE HODDEN.	(Owner Name)	(Comp	oany Name)	(Company Addr	ess) (Co	mpany Phone Number
	(email address)					
Please list below for ea	ch 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. TA 245	56 +	D SHN44EY 9	9508741	4936		
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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.

IO BE FILED WITH THE PERMITTING AUTHORITY.
Applicant Information Please Print Legibly
Business/Organization Name: NEWTON TAXI Co
Address: 50 Union ST
City/State/Zip: Navror Carros Maco419 Phone #: 617.244.460c
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.] *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.
Insurance Company Name: TRAVETERS Insurer's Address: 3420 Lateracter True ST 200 City/State/Zip: DRLAWO, FL 32184 Policy # or Self-ins. Lic. # 7 PTUB -479984-01-7c. 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: Date: 17 Hovensen 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#:

www.mass.gov/dia



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

PREMIUM BASIS

ESTIMATED RATES

ESTIMATED

CLASSIFICATION

TOTAL ANNUAL

PER \$100 OF

ANNUAL

CODE

REMUNERATION

REMUNERATION

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

8385

TAXICAB CO: GARAGE EMPLOYEES

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 INCL TOTAL ESTIMATED PREMIUM DEPOSIT AMOUNT DUE INCL

DATE OF ISSUE: 09-21-20 WC

ST ASSIGN: MA

SCHEDULE NO: 3 OF LAST



CERTIFICATE OF REGISTRATION

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

RMV Division

M

PLATE TYPE	PE REGISTRATION NUMBER REGISTRATION TYPE				EFFECTIVE DATE	E	EXPIRES		MONTH YEAR T		TRANSA	RANSACTION NUMBER		
TAR	TA245			TAXI	12/01	/19	LAST DAY OF		11	20		2930701	291563	
MFRS MODEL YEAR MAKE MODEL BODY STYLE/TYPE				COLOR		•	Not valid without official			IF VEHICLE		TOTAL REGISTERED		
2009	DODG	GRAN	IDC	VAN		BLU	E	signature of Registrar				CARRYING PASSENGERS	WEIGHT FOR A COMMERCIAL VEHICLE	
VEHICLE IDENTIFI	CATION NUMBER		INSURANC	CE COMPANY		TITLE NUME	SER	REGISTRAR		<u> </u>		FOR HIRE:	OR TRAILER.	
1D8HN	I44EX9B508	741	AR	BELLA PROTI	ECTION	BR	006143	NUMBER OF PASSENGERS						
RESIDENTIAL A	DDRESS (IF DIFFEREN	Τ)	<u> </u>	•				Jar	was	Les	gr-	THAT CAN BE SEATED.	·	
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•	003201	*****	O**7T	L FOR AADC 021										
	NEWTON T			J FOR MADE UZI										
	50 UNION							SPECIAL PLATES			20.00			
	NEWTON N	4A 0245	9-222	3				SALES TAX 0.00			.00			
								TOTAL 80.00				.00		
		RE	GISTI	TTS DEPARTM RY OF MOTOR latabase constitute	VEHICLE	S DIVI	SION							
SPECIAL MESSAG		HICLE		EWLY ACQUIRED		СНА	NGE OF ADDRESS							

Important Information for Vehicle Owners

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STREET ADDRESS

CITY STATE ZIP CODE

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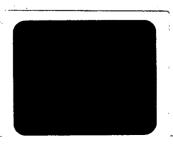
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01806365



46-2000

PO Box 55392

1-800-ARBELLA I ARBELLA.COM 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 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
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



MHS Worldwide, LLC 275 Grove St 2-400 Newton MA 02466 City of Newtown 1000 Commonwealth Ave, Newton Centre MA, 02459

10/20/20 Received \$25.00 Chech # 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 summited to the town hall as requested. Enclosed in this packet is a check payable to the town of Newton for one public Autorenewal.

Dhanraj Mahase MHS Worldwide, LLC CEO NEWTON, MA. 02459

2020 OCT 29 PM 3210

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 Sutie 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

LI	CENSE HOLDER:	Dhanraj Mahase MH	S Worldwide, LLC	C 275 Grove St	Suite 2-400 Newto	on MA 02466	774-444-9888		
		(Owner Name)			(Company Addre		(Company Phone Number)		
		info@mhsworldwid	le.com						
		(email address)							
Ple	ease list below for ea	ch vehicle:			•				
	MASS. REG.# TAXI/PA#	MEDALLION#	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1st INSPECTION (mileage & meter#			
<u>1.</u>	Lvn Lv81607		1GYS4]K0KR288751	15,000					
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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.

TO BE FILED WITH THE PERM Applicant Information	UTTING AUTHORITY. Please Print Legibly
Business/Organization Name: MHS WORLDWIDE, LLC	
Address: 275 GROVE ST SUITE 2-400	
City/State/Zip: NEWON, MA 0246 Pho	one #: 774-444-9888
1. I am a employer withemployees (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,	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 orkers' compensation policy information. ployees, a workers' compensation policy is required and such an
I am an employer that is providing workers' compensation insurance Insurance Company Name: Insurer's Address: City/State/Zin-	e for my employees. Below is the policy information.
City/State/Zip: Policy # or Self-ins. Lic. # Attach a conv of the workers' companyation policy doctoration and the workers' companyation and the work	Expiration Date:
Attach a copy of the workers' compensation policy declaration parallel Failure to secure coverage as required under Section 25A of MGL c. I fine up to \$1,500.00 and/or one-year imprisonment, as well as civil per of up to \$250.00 a day against the violator. Be advised that a copy of Investigations of the DIA for insurance coverage verification.	52 can lead to the imposition of criminal penalties of a nalties in the form of a STOP WORK ORDER and a fine this statement may be forwarded to the Office of
I do hereby certify, under the pains and penalties of perjury that the Signature:	information provided above is true and correct. Date: 10-20-2020
Phone #: 774-444-9888	
Official use only. Do not write in this area, to be completed by city City or Town: Permit/ Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 6. Other	License #
Contact Person:	Phone #:



William Francis Galvin Secretary of the Commonwealth of Massachusetts



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



CERTIFICAT OF REGISTRATION

RMV Division

	oction 246 makes it 5 crime i	to west, cust carcilicate	#498-20
LVN LV81607 LIVERY	10/16/19	07 21 0	2928942220103
2019 CADI ESCALA SUV	BLACK	Not valid without official signature of Registrar	CARATINE CONTROL TO THE CONTROL TO T
1GY84JEJOER288751 LANCER INSURA	NICE EXAM	James Islen	MORAN MARIES OF PARENGERS THAT CAN BE
MAHASE, DHANRAJ 275 GROVE STREET SUITE 2-400 NEWTON, MA 02466		FEES REGISTRATION TITLE SPECIAL PLATES SALES TAX TOTAL	32.50 0.00 0.00 0.00 32.50
MASSACHUSETTS DEPARTI REGISTRY OF MOTO The records of the PMV database corellar	MENT OF TRANSPORTATI R VEHICLES DIVISION to the official status of the vehicle registration.		
IF THIS VEHICLE IS NEWLY ACQUIRED, MUST BE INSPECTED WITHIN SEVEN (7) OF REGISTRATION.			
	on sure proce		

- 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 55899, Boston, MA 02205-5899. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- Return the registration plates to the RMV immediately if:
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the Bill of Sale, Title, and completed Reassignment of Title TOT 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 Year Places: Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration places from this is so 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 safer 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/runv.

No insurance Card Regarded: 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 elactronically 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 \$ 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) #**498-20**4/2020

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).

PRO	DUCER				CONTAC NAME:	CT Meghan T	racy				
Ligh	athouse Insurance Agency, Ltd				PHONE (617) 464-3777 (A/C, No. Ext): (617) 464-3888						
470	West Broadway				PHONE (617) 464-3777 FAX (A/C, No): (617) 464-3888 E-MAIL ADDRESS: meghan.tracy@lighthouseins.net						
	•				INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #
Sor	th Boston			MA 02127							26077
	RED					12		· · · · · · · · · · · · · · · · · · ·		\dashv	····
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	•	INSURE									
	275 Grove Street				INSURE						
	Suite 2-400				INSURE						
	Newton			MA 02466	INSURE	RF:				1	
CO				NUMBER: CL201014427				REVISION NUMBI			
IN C	IIS IS TO CERTIFY THAT THE POLICIES OF INS DICATED. NOTWITHSTANDING ANY REQUIRE ERTIFICATE MAY BE ISSUED OR MAY PERTAIN (CLUSIONS AND CONDITIONS OF SUCH POLI	E ME N N, TH	NT, TE	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBE	R DOCUMENT V D HEREIN IS S	MITH RESPECT TO V	WHICH TH	IS	
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	OTHER:							COMBINED SINGLE LI		1,500	0.000
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	ANY AUTO OWNED SCHEDULED	v l	- 1	DA47407540		10/10/2020	10/10/2021	BODILY INJURY (Per a		\$ S	
Α	AUTOS ONLY AUTOS NON-OWNED	1		8A174075#2	10/10/2020	10/10/2020	10/10/2020			\$	
	AUTOS ONLY AUTOS ONLY	- 1						PROPERTY DAMAGE (Per accident)		\$	
								Uninsured motorist	(10)	\$ 	
	UMBRELLA LIAB OCCUR	- 1						EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$. 1 550	1000	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	1/A		WC5-31S-618874-019		05/01/2019	05/01/2020	E.L. EACH ACCIDENT		500,0	
	(Mandatory in NH)		- 1					E.L. DISEASE - EA EMP	PLOYEE 1	500,0	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	Y LIMIT S	500,0	000
		- 1									
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached If more sp	pace is required)				
	ssport is listed as Additional Insured.										
201	9 Cadi Escalade (1GYS4JKJ0KR288751) plate	e# L\	V816	07.							
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CERTIFICATE HOLDER CANCELLATION											
~F1	ALTE (WE'LL DE CENTRAL DELY		<u></u>		SHO	ULD ANY OF T		SCRIBED POLICIES			BEFORE
	Massport Authority							, NOTICE WILL BE D PROVISIONS.	DELIVERE	D IN	
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	1 Haiddiaide Dile			· l	AUTHOR	RIZED REPRESEN	TATTIE				
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MA 02228

East Boston

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 ALDERWEN 1900 COMMONWEALTH AVENUE, NEWTON CENTER, MA 92459

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 hallante

RECEIVED 2020 OCT -6 PM 1:32

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 La Plante
- 2. Business Name: Don's Carservice
 Business Address: 395 Lexing Ton ST. auburndale, mg. 02466
 Business Telephone Number:
 email address: Don's Carservice & 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. Quburndalema. 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 Lapla	nte - Dong C	arservice.	-395 Lexinat	in stauhurna	Jale-ma 02466
	(Owner Name)	(Comp	oany Name)	(Company Addr	ess) (Č	ompany Phone Number)
	dons car Se (email address)	erviceCILi	veicom			617-510-1485
Please list below for ea	ach 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 5 TDJ7	Z3DC6HS1	66094			
<u>2.</u>						·
3.	·					
4.					····	
<u>5.</u>						*****
<u>6.</u>						
7.						
8.						
9.						
<u>10.</u>						



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

TO BE FILED WITH THE PER	RMITTING AUTHORITY.			
Applicant Information	Please Print Legibly			
Business/Organization Name: Don'5 Car	Service			
Address: 395 Laxing Ton STree				
City/State/Zipaburndale 02466P				
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.] *Any applicant that checks box #1 must also fill out the section below showing their staffed by the corporate officers have exempted themselves, but the corporation has other organization should check box #1.	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 Frans Per Tation workers' compensation policy information. employees, a workers' compensation policy is required and such an			
I am an employer that is providing workers' compensation insura Insurance Company Name: Insurer's Address:	nce for my employees. Below is the policy information.			
City/State/Zip:				
Policy # or Self-ins. Lic. #	Expiration Date:			
Failure to secure coverage as required under Section 25A of MGL of fine up to \$1,500.00 and/or one-year imprisonment, as well as civil of up to \$250.00 a day against the violator. Be advised that a copy Investigations of the DIA for insurance coverage verification.	2. 152 can lead to the imposition of criminal penalties of a penalties in the form of a STOP WORK ORDER and a fine			
I do hereby certify, under the pains and penalties of perjury that to	he information provided above is true and correct.			
Signature: Monald La Planta	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#:			
· ·				

www.mass.gov/dia



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:

that a business is being	conducted under the name of:		aigned tie	reby declare	
Business Name	Dons Car Servic	.e .			
Purposed Use	Dons Car Service. Phone, car service				
Location of Business	395 Lexinoston St.	auburnda	le ma	02466 Zip code	
The full name and addr	ess of each person conducting such business:			, zip code	1
Name Donald	Dowald La Signature (In pri	Signature (In prospers of News			
Address 395 Le	exington ST.	auburndal	e ma	02466 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 Soptember oath that the foregoing	$\frac{20}{20}$, $\frac{2018}{8}$ the above named pestatement is true.	rson(s) personally appeared	before m	e and made	· ·
Notary	My commission	MA Drivers on Expires: Verified by	Licen Manal	se Exp: 10/ 105zuez	120/25
be filed with the City Clerk available at the address suc who has purchased goods of (\$300.00) for each month d	apter 337 of the Acts of 1985 and Chapter 110, Section cars from the date of issue and shall be renewed each upon discontinuance or withdrawing from such busing the business is conducted and shall be furnished upon the services from such business. Violations are subject that uring which such violation occurs.	four years thereafter. A state ess or partnership. Copies of s request during regular busines to a fine of not more than thre	ment unde uch certific	ates shall be	
This certificate expires:	September 20, 2023	2			•

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.

City of Newton



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: DONS CAY SERVICE
PROPOSED USE: Phone and Office use.
BUSINESS OWNER'S NAME: Donald Laflante
LOCATION OF BUSINESS: 395 Lexington ST. Ouburndaile 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)
\cdot

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: Pho	one and office use
I hereby certify that my Home Business or Office de	scribed above does and will conform to the
above regulations.	
and objects	
SIGNATURE OF BUSINESS OWNER	DAT
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
I hereby certify that as the homeowner I have been in	nformed of the Home Business or Unice a
described above.	
Theles	
SIGNATURE OF HOME OWNER	DAT
	DAT
ISD OFFICIAL	DAI
HEALTH DEPARTMENT (IF APPLICABLE)	DAT

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



CERTIFICATE OF REGISTRATION

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

MASSACHUSETTS DEPART###9-69 TRANSPORTATION

***				<u> </u>					IMENT OF IN	_	
Plate Type	Registration	Туре	Plate Number	Effective D	ate	Title	Number		Expires On	Month	Year
PAN	PASSENGE	R NORMAL RED	8TL428	01-Sep-	-2020		CA403262			08	22
Model Year	Make	Model	Body Style	<u> </u>	Color(s)			Vehicle Id	dentification Number	•	
2017	TOYT	SIENNA	VAN			GRAY 5TDJZ3DC6HS166094					
Residential A	ddress (If Differ	ent than Mailing)					Total Reg	gistered We	eight for Commerc	ial Vehicle d	or Trailer
Garage Addre		NGTON STAPT 3	AUBURNDALE MA 02	4661515			US DOT	Number fo	or Commercial Veh	icle	
Name(s) of C	015348 ***** DONALD S I 395 LEXING			րի			PRO		y E DIRECT INSURA Capacity for Vehicle 7		PANY
	AODONADA		. ************************************	, * , * . * . * . * . * . * . * . * . *		a.T.				lid Without	Official
Lessee/In Cu	stody Of						yar	news _		ure of Regi	
Special Mes	sage			Change of A	Address		Resid	ential	Mailing G	arage	

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 that fer bothy injury.

 The insurance 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.

PROGRESSIVE P.O. BOX 31260 TAMPA, FL 33631



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

Additional information

Donald S LaPlante

Named insured

Alba LaPlante

INSURANCE IDENTIFICATION CARD - Massachusetts

Policy Number: 913391052 Effective Date: 08/07/2020 NAIC Number: 16322 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 LaPlanto

Donald S LaPlante Alba LaPla**nte**

Model

VIN ETDI73DCEUSICSON

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) Deductible applies to You and household members	\$8,000 each person	\$250	26
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$50,000 each person/\$100,000 each accident		7
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$50,000 each accident		144
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	r 207
Comprehensive (Part 9) Comprehensive Window Glass	Actual Cash Value	\$1,000 \$100 glass	31
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days	and the state of t	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	Smart Technology Discount
SIENNA	

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

Lienholder information

Vehicle	Lienholder
2017 TOYOTA SIENNA	TOYOTA MOTOR CREDIT
5TDJZ3DC6HS166094	ATLANTA, GA 30348





AMERICANTRUCK and EQUIPMENT SALES LICE

174 DESHAM ST

NEWTON MA. 01461

67-834-5924

Michael Gimmolfard

TO Whoum it may concern!

To whow it may concern!

Tam requesting renewal of my public and to TRans portation license

Thank you!
Michael Gimmelfall
Michael Gimmelfall

RECEIVED
120 NOV -2 AN 9: 2

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: Mgime Verizon. NET

3. Total number of Licenses: /

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):

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 GIMM	ELFARB AMI	FRICAN TRUCK	and EquiPME	NT SALES	617-834-590
	(Owner Name) WG W & VERO (spanial address)	(Comp	oany Name)	(Company Addr J. 74 REDHAM NEWTO)		mpany Phone Number)
Please list below for ea	ch 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 4	IGDFAEES	GA687895			
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4.				-	•	
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8.			······································			
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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 SAIR LLC
	Address: 174 Dedham st
	City/State/Zip: NEW TON W. # 02461 Phone #: 607-834-5964
	Are you an employer? Check the appropriate 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: 1/-2-20 Phone #: 617-334-5964
	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 #:

www.mass.gov/dia

IRS 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

GL. Chapter 90 Section 24B makes it a crime to after this Cartificate

RMV Division

#500-20

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	MUST BE I	NSPECT	ED WI	THIN SEVEN (7)								
	DAYS OF R	EGISTR	ATION	•		STE	REET ADDRESS						
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Important Information for Vehicle Owners

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

21150740

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



CERTIFICATE OF LIABILITY INSURANCE

#500-20

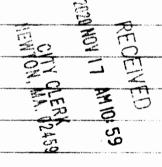
#409-19

DATE (MM/DD/YYYY) 07/02/2019

PROPULATO							07/02/2019	
DV 200	1 B	R IN INS AGENCY EACON ST FON, MA 02135		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.				
		-4554		INSURERS AF	INSURERS AFFORDING COVERAGE			
INSU	RED			INSURER A: SA	FETY INSURANCE	E CO.		
		AMERICAN TRUCK AND	EQUIPMENT SALES LLC	INSURER B:				
	274 DEDHAM ST							
		NEWTON, MA 02461		INSURER C:				
				INSURER E:				
COV	ÆRA	GES						
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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s	
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		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$	
		CLAIMS MADE OCCUR	·			MED EXP (Any one person)	\$	
	l	T				PERSONAL & ADV INJURY	\$	
						GENERAL AGGREGATE	\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:	·			PRODUCTS - COMP/OP AGG	\$	
		POLICY PROJECT LOC						
	Х	AUTOMOBILE LIABILITY ANY AUTO	2704787	05/21/2019	05/21/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	s	
		GARAGE LIABILITY				AUTO ONLY - EAACCIDENT	\$	
		ANY AUTO				OTHER THAN EAACC ACC	s	
	. 1					AUTO ONLY: AGG	\$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
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		RETENTION \$					\$	
	WOR	CERS COMPENSATION AND				TORY LIMITS ER		
	EMPL	OYERS' LIABILITY				E.L. EACH ACCIDENT	\$	
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. DISEASE - ÉA ÉMPLOYEE	\$	
	If yes	describe under IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
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NOV 17 2020 Gregoria cedeno 9 elm Wood park APT 2 Newton VILLE

Application request for Public Auto renewal womse







#501-20

Bill Cart

Items In Cart:

Subtotal:
View Cart

\$ 25.00Checkout

November 17, 2020 at 10:54 am

TYPE YEAR NUMBER NAME

DESCRIPTION

AMOUNT

Clerk Order System

2020 1 PUBLIC AUTO HACE NEWGON LIMOS COMPANY

OK Distancy

ONLINE 1 x \$25.00 \$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



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

Terms & Conditions of Use Security & Privacy

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.

City Council, 1000 Commonwealth 11 Conde, 110 William Conde, 112 Co. 151
1. Name of Applicant: Jose Gregorio Cedeno
1. Name of Applicant: Jose 6/290/10 Clears 2. Business Name: Bace Limbusine Services LLC Business Address: 9 Elmwood Park, Newtonville Mt 0246C Business Telephone Number: 786 271 58 H email address: Codos Goog Me. Cod
3. Total number of Licenses: O
PUBLIC AUTO = \(\infty\)
TAXI LICENSE =
4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS: Compared Com
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:
a Elmond Park Noutonville 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: 1862715814

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

	(Owner Name)	(Comp	any Name)	(Company Addre	ess) (Co	M + 02460 /78627 S mpany Phoné Number)
	(email address)	are.com		•		
ase list below for ea	ch 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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The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.

TO BE FILED WITH THE PERMITTING AUTHORITY.				
Applicant Information Please Print Legibly				
Business/Organization Name: Baca Le Mouse N Services LLC				
Address: 9 ELMWOOD Park Newton ville MA 02460				
City/State/Zip: Newton MAOZHOPhone #: 786 271 S814				
Are you an employer? Check the appropriate box: 1.				
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: $(-6-2020)$				
Phone #: 76 771 SK 14				
Official use only. Do not write in this area, to be completed by city or town official.				
City or Town: Permit/License #				
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6. Other				
Contact Person: Phone #:				

www.mass.gov/dia



The Commonwealth of Massachusetts William Francis Galvin

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

Certificate of Organization

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

Minimum Fact \$500.00

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: <u>02460</u>

Country: USA

- I, <u>JOSE GREGORIO CEDENO GOMEZ</u> 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 186C Section 12.
- 6. The name and business address of each manager, if any:

έ.			
	Title	Individual Name	Address (no PO Box)
		First, Middle, Last, Sulflix	Address, City or Town, State, Zip Code
	MANAGER	JOSE GREGORIO CEDENO GOMEZ	9 ELMWOOD PARK APT 2
•			NEWTONVILLE, MA 02480

7. The name and business address of the person(s) in addition to the menager(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	Äddrees (no PO Box)
	First, Middle, Last, Suffix	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	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
REAL PROPERTY	JOSE GREGORIO CEDENO GOMEZ	9 ELMWOOD PAPIK APT 2
1		NEWTONVILLE, MA 02480 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 14 Day of November, 2019, IOSE 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		REGISTRATION TYPE	P	LATE NUMBER	EFFECTIVE DATE	TITLE NUMBER		
L	VN	Livery N	ormal	LV85929	01-Oct-2019	CA056667	i North Control	30-Sep-2021
MODEL YEAR	MAKE	MODEL	MODEL NUMBER	BOOY STYLE	COLOR	VEHICLE IDENTIFICATION M	MER	
2016	CHEV	SUBURB		SEDAN	BLACK	1GN	ISCHKC4GR242	566
RESIDENTIAL A	DORESS (IF DIFFE	RENT THAN MAILING)	1.			TOTAL REGISTERED WEIGH	IT FOR A COMMERCIAL VEH	CLE OR TRAILER
	i							
GARAGE ADDR	E88					US DOT NUMBER FOR COM	MERCIAL VEHICLE	
9 ELMW	OOD PARK	NEWTONVILL	E MA 02460-1	1809				
	MER(8) AND MAIL					INBURANCE COMPANY		
		ND NORMA B	SOSA			LANCER	INSURANCE CO	OMPANY
	OOD PARK							
NEWTO	NVILLE MA	02460-1809	\$. }			MAXIMUM SEATING CAPACE	TY FOR VEHICLES FOR HIRE	
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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

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). CONTACT NAME: Fernanda Gomes (617) 464-3888 PHONE (617) 464-3777 Lighthouse Insurance Agency, Ltd (A/C, No, Ext): E-MAIL for ADDRESS: fernanda.gomes@lighthouseins.net 470 West Broadway INSURER(S) AFFORDING COVERAGE NAIC# 26077 South Boston MA 02127 Lancer Insurance Company INSURER A: INSURED INSURER B Jose G Cedeno INSURER C 9 Elmwood Park INSURER D INSURER E MA 02460 Newtonville INSURER F CERTIFICATE NUMBER: CL2010242624 **REVISION NUMBER: COVERAGES** 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. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL|SUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY LOC \$ OTHER: COMBINED SINGLE LIMIT 1,000,000 AUTOMOBILE LIABILITY (Ea accident BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED 10/01/2020 10/01/2021 BODILY INJURY (Per accident) \$ OWNED BA174451#1 AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS ONLY (Per accident) AUTOS ONLY Underinsured motorist \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTION \$ DED PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE N/A CER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below 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 Additional Insured. 2016 Chevrolet Suburban 1GNSCHKC4GR242566; LV85929 Jose G Cedeno 03/04/1978 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Massachusetts Port Authority 1 Harborside Drive AUTHORIZED REPRESENTATIVE Suite 200S MA 02128 East Boston

Fernanda Gomes

NOV 17 2020 NOEL DIAZ 9 elmwood park APT Z Newtonville

> APPLICATION request for Public Auto renewal License

> > RECEIVED
> >
> > 2020 NOV 17 AM 10: 59
> >
> > NEWTON, NA. 02459





#502-20

Bill Cart

Items In Cart: Subtotal:

\$ 25.00

View Cart Checkout

November	17,	2020	at	10:34	am
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YEAR NUMBER NAME DESCRIPTION **AMOUNT**

Clerk Order System

2020 **PUBLIC AUTO** NEWTON LIMOS COMPANY

ONLINE

1 x \$25.00

\$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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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 DIA2			
2.	Business Name: Newton Limos com Pany Business Address: Business Telephone Number: 617 775 4735 email address: Noeleste Paw Icloud. com		2028 NOV	RE
3.	Total number of Licenses:	8 T		
	PUBLIC AUTO = 1	MAN RE	AM 9:	VIII
	TAXI LICENSE =	55	55	

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

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

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

NOEL C. DIAZ 9 elmwood Park APTZ 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 OWNEY 617 7754735

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER:	NOEL DIAZ	2 Newto	n Limos com	Pany gelmu	bod Brk APT 2	617 775 47
LICENSE HOLDER.	(Owner Name)	(Comp	any Name)	(Company Addre		mpany Phone Number)
	noelesti	epa@icl	oud. com			
	(email address)					
Please list below for ea	ch 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. LV8817	5 2	G61M553	3K9115510	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 PER				
Applicant Information	Please Print Legibly			
Business/Organization Name: Neuton	Limos company			
Address: 9 elmwood park	Art 2 Newton VILLE			
City/State/Zip: 02460 P	hone#: 6177754735			
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.] *Any applicant that checks box #1 must also fill out the section below showing their organization should check box #1.	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 r workers' compensation policy information. employees, a workers' compensation policy is required and such an			
I am an employer that is providing workers' compensation insura	was for you amployees Relay is the policy information			
	nce for my employees. Below is the poucy differentiation.			
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				
Signature: #Col	Date: 1117 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:Per	mit/License #			
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town C 6. Other	lerk 4. Licensing Board 5. Selectmen's Office			
Contact Person:	Phone#:			
1				

Minimum Fee: \$500.00



The Commonwealth of Massachusetts William Francis Galvin

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

Certificate of Organization

(General Laws, Chapter)

Identification Number: 001420768

1. The exact name of the limited liability company is: <u>NEWTON LIMOS COMPANY LLC</u>

2a. Location of its principal office:

No. and Street:

9 ELMWOOD PARK APT2

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:

NEWTONVILE

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: USA

I, <u>MARIA A OCANDO</u> 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.)

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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		REGISTRATION TYPE		PLATE NUMBER EI		EFFECTIVE DATE	TITLE NUMBER			
Ľ	LVN Livery Normal		LV88175		21-Jan-2020	ENPIRES ON 31-Ma		31-May-2021		
MODEL YEAR	MAKE	MODEL	MODEL NUMBER	ODEL NUMBER BODY STYLE		COLOR	VEHICLE IDENTIFICATION NUM	VEHICLE IDENTIFICATION NUMBER		
2019	CADI	XTS			SEDAN	BLACK	2G61	2G61M5S33K9115510		
RESIDENTIAL AC	ODRESS (IF DIFFER	RENT THAN MAILING)					TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER			
]		-	
GARAGE ADDRE	SS						US DOT NUMBER FOR COMME	RCIAL VEHICLE		
O EL MIMO	אסט סאסג	APT 2 NEWTO	M = 1 11/14	0246	SO_180Q		•			
	NER(S) AND MAILI		HAVILLE MIV	0270	00-1009		INSURANCE COMPANY			
NOEL C	DIAZ						Progressive Direct Insurance Company			
9 ELMWC	OOD PARK	APT 2								
NEWTON	IVILLE MA	02460-1809					MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE			
LESSEDIN GUJ	TODY OF									
							James Islan	Registrar of	Motor Vehicles	
SPECIAL MESSA	AGE					CHANGE OF ADDRESS	RESIDENTIAL	MAILING	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

DATE (MM/DD/YYYY) 502-211/2020

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

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 be subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

				and conditions of the po cate holder in lieu of such			may require	an endorsement. A state		·
RODUCER					CONTAC NAME:		·			
ighthouse Insurance Agency, Ltd				PHONE (617) 464-3777 (A/C, No, Ext): (617) 464-3888				164-3888		
70 West Broadway				E-MAIL ADDRES	S:					
							SURER(S) AFFOR	DING COVERAGE		NAIC#
outh Boston		_		MA 02127	INSURE	RA: Progress	ive Ins Co			
SURED		-			INSURE	RB:				
Noel Diaz				• 1	INSURE	RC:				
9 ELMWOOD	PARK APT 2				INSURER D:					
NEWTONVIL	LE MA 02460				INSURE	RE:				
					INSURE	RF:				L
OVERAGES				NUMBER: CL201214068				REVISION NUMBER:	<u> </u>	
INDICATED. NOTWITHSTA CERTIFICATE MAY BE ISSU	NDING ANY REQUI	REMEI	NT, TE IE INS	LISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	CT OR OTHER ES DESCRIBEI	R DOCUMENT V D HEREIN IS SI	MITH RESPECT TO WHICH T	HIS	
SR TYPE OF INSU		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
COMMERCIAL GENER			.,,,,					EACH OCCURRENCE	s	
CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT A	PPLIES PER:					:		GENERAL AGGREGATE	\$	
POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG	\$	
OTHER:					_,				\$	
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000.00
ANY AUTO	_							BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY	SCHEDULED AUTOS			01692546-0		01/21/2020	01/21/2021	BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	<u> </u>								\$	
UMBRELLA LIAB	OCCUR					,		EACH OCCURRENCE	\$	
EXCESS LIAB	CLAIMS-MADE	1						AGGREGATE	\$	
DED RETENT		 			_			PER OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILIT	Y Y/N							PER OTH- STATUTE ER	-	
ANY PROPRIETOR/PARTNE OFFICER/MEMBER EXCLUD	R/EXECUTIVE DO	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under	<u></u>							E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATI	ONS below	-	-					E.L. DISEASE - POLICY LIMIT	\$	
ESCRIPTION OF OPERATIONS /	LOCATIONS / VEHICL	ES IAC	ORD 1	 101, Additional Remarks Schedule	, may be a	ttached if more s	pace is required)	<u> </u>	1	
Certificate is provided to Hol 2019 Cadil Xts 2G61M5S33 Noel Diaz S96549714 DOB:	der as proof of acti K9115510				, - -		. · · •			
ERTIFICATE HOLDER					CANC	ELLATION				
Massachuse 1 Harborside	tts Port Authority				THE	EXPIRATION I CORDANCE WI	DATE THEREO TH THE POLIC	ESCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		ED BEFORE
Suite 200S					AUTHO	RIZED REPRESE	! 1			
			MA 02128			Aniani	N .			

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Named insured

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

Commercial Auto Insurance Coverage Summary This is your Declarations Page

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

progressive agent.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.

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 Compulsory Property Damage Liability	\$20,000 each person/\$40,000 each accident \$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 fee	S	,	\$9,761

Rated driver

1. NOEL C DIAZ



10/21/20 #503-20

To the Newton City Council rolai/ao Received
Received

I am requesting a renewal for payment

Credit

card

ISMAL ISWKOG

ZO OCT ZI PM 3: O
ZO OCT ZI PM 3: O
ZO OCT ZI PM 3: O





Bill Cart s**#₽0⋳**≟20

Items**#50**3÷20 Subtotal:

\$ 25.00 Checkout

View Cart

October 21, 2020 at 3:09 pm									
TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT				
Clerk O	rder Syst	em		ONLINE					
	2020	1	IZMOLINO LLC	ONLINE	\$25.00				
	PUBLIC .	AUTO LIC		1 x \$25.00	\$25.00				
· 3444				¥ (/					
			CONVENIENCE FEE	.	\$1.00				
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00				
			These charges will appear as	s "Newton, MA" and "CITY HALL SYSTEMS".					
			Transaction Code	e: CHS-NEWTON-MA-US-4151161					
	Reference Code: 131822804/131822807								
	An email receipt was sent to no@email.com.								
	Print Receipt								



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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.

10m OIK

LIN WAC

1.	Name of Applicant: /3///7/L D/X
2.	Business Name: 12MOLIMO. LLC Business Address: 184 River St. West Newton 02465 Business Telephone Number: 6177754784 email address: ismail@ismailunkoc.com
	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):
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:

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

ISMAIL LINKOC, OWNEL, 617754764

corporation (President, Vice President, Treasurer or Clerk/Secretary):

8. If the business is a corporation, please state the full corporate name and list the officers of the

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

#503-20

					02465	`		
LICENSE HOLDER	ISMAIL UNIXOC IZMOLIMO.LLO		MO.LLC	184 River St.W	02465 lestNewton,MA	61777547		
LICENSE HOLDEN	(Owner Name)	(Comp	oany Name)	(Company Addr	ess) ((Company Phone Number)		
	ismail@ism	railunkoc.co	<u> </u>					
	(email address)							
Please list below for e	ach vehicle:			•				
MASS. REG.# TAXI/PA#	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #			
1. LV86122		2661M58391915	6660 71,800	_		·····		
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<u>6.</u>								
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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.

TO BE FILED WITH THE I	adalino acino di i.				
Applicant Information	Please Print Legibly				
Business/Organization Name: 12 MOLI	no.llc				
Address: 184 River St.					
City/State/Zip: West Newton, MA 02465	Phone #: 6(7 7754784				
Are you an employer? Check the appropriate box: 1.	11. Other ir workers' compensation policy information.				
organization should check box #1.					
I am an employer that is providing workers' compensation insur Insurance Company Name:	ance for my employees. Below is the poucy information.				
Insurer's Address:					
City/State/Zip:					
Policy # or Self-ins. Lic. #	Expiration Date: n 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 poins and penalties of perjury that	the information provided above is true and correct.				
Signature:	Date: 10/21/20				
Phone #: 6/7 775 4780					
Official use only. Do not write in this area, to be completed by	y city or town official.				
City or Town:Per	mit/License #				
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town C	lerk 4. Licensing Board 5. Selectmen's Office				
6. Other					
Contact Person:	Phone #:				

www.mass.gov/dia





The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

William Francis Galvin Secretary of the Commonwealth

January 22, 2020

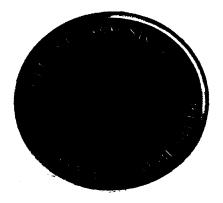
TO WHOM IT MAY CONCERN:

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

IZMOLIMO LLC

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

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



Secretary of the Commonwealth

Ellian Travino Istelier

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

massDOT

CERTIFICATE OF REGISTRATION M.G.L. Chapter 90 Section 245 makes it a crime to after this certificant

RMV Division

PLATE TYPE	REGISTRAT	TON NUMBER	REGISTR	ATION TYPE		STRECTIME DATE				MONTH	YEAR	TO SHARE	TION NUMBER	
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Important Information for Vehicle Owners

- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- . By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.mass.gov/rmv or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- . Return the registration plates to the RMV immediately if:
- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the Bill of Sale, Title, and completed Reassignment of Title For your records to document the transfer.
- You move to another state and you register the vehicle in that state.
- The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Transferring Your Plates: Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. All of the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this Registration Certificate; 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the same vehicle type (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the same registration type (passenger to passenger, commercial); 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 Regulred: Massachusetts's law does <u>not</u> 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!

#129-20 #503-20

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	Massport 1 Harborside Drive								

Publo De Oliveira

MA 02128

Suite 200S

East Boston

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

1065

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 ENTER PRISES INC. Business Address: 2323 WASHINGTON ST APT #G3 NEWTON, MA 02462
Business Telephone Number: 781-985-9461 email address: RAJIVBERLIN @ YMHOD. COM

3. Total number of Licenses:

PUBLIC AUTO =

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 combration)

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:

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):

RAJIN 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

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER:	RAJIV KUMAR	OM SA	I ENTERPRISE	21NC 2323 L	JASHINGTUN ST. AF	97. G3
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Please list below for ea	ch vehicle:			•		
MASS. REG.# TAXI/PA#	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING 122	TAXI METER SERIAL 2786 #	1 ST INSPECTION (mileage & meter #)	2 nd INSPECTION (mileage & meter #)
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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 RAJIV KUMAR Please Print Legibly
Business/Organization Name: OM SAI ENTERPRISES INC.
Address: 2323 WASHINGTON ST. APT. G-3
City/State/Zip: NEW TON - MA 0246 Phone #: 781-985-9461
Are you an employer? Check the appropriate box: 1.
organization should check box #1.
Insurer's Address: 104 TURN PIKE St- SUITE # 2
I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct. 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

essessi Report 2019

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

dentification Number: 465	418141				
. Exact name of the corpo	ration: <u>OM SAI ENTERP</u> I	RISES INC.			
2. Jurisdiction of Incorpora	ation: State: <u>MA</u> Countr	y:			
3,4. Street address of the c	corporation registered office	in the comm	onwealth and the na	ame of the registered	agent at
	AJIV KUMAR				•
No. and Street: 3	4 CLARK ST, APT 1				
City or Town:	SOMERVILLE S	State: MA	Zip: <u>02143</u>	Country: <u>USA</u>	
5. Street address of the co No. and Street:	rporation's principal office: 2323 WASHINGTON ST APARTMENT G-3	REET			
City or Town:	NEWTON State:	<u>MA</u>	Zip: <u>02462</u>	Country: <u>USA</u>	,
Title PRESIDENT	Individual First, Middle, La RAJIV KUM	st, Suffix	Address, C	dress (no PO Box) city or Town, State, Zip Code ASSINISTON STAPT. G-3	W.
SECRETARY	RAJIV KUM	IAR	2323 WA	TON, MA 02462 USA ASHINGTON ST APT. G-3 TON, MA 02462 USA	
TREASURER	MARCITA RICHAR	RD KUMAR	2323 W	ASHINGTON ST APT G-3 TON, MA 02462 USA	
DIRECTOR	MARCITA RICHAR	RD KUMAR		ASHINGTON ST APT G-3 /TON, MA 02462 USA	
7. Briefly describe the bus TRANSPORTATION	siness of the corporation:				
8. Capital stock of each cl	ass and series:			e en samua e junto a meno e con esta e com	
Class of Stock	Par Value Per Share Enter 0 if no Par	Total A of Organ Num of Sha	uthorized by Articles ization or Amendmen ures Total Par V	nts and Outst	anding
CNP	\$0.0000	500	\$0.00	500	
9. Check here if the stock	of the corporation is public	iy traded: _	-		·
10. Report is filed for fisc	al year ending: 12/31/ <u>2019</u>	<u>)</u>			
Filer's Contact Informatio	n				

(Enter a contact n Contact Name: Business Name:	name, mailing address, and email and/or pl RAJIV KUMAR	hone number.)		
No. and Street:	2323 WASHINGTON STREET APARTMENT G-3			
City or Town:	<u>NEWTON</u>	State: MA	Zip: <u>02462</u>	Country: <u>USA</u>
Contact Phone:	<u>(781) 985-9461</u> ext:			•
Contact Email:	apathancpa@gmail.com			
Please provide a If the filing is rej the Division will	n email address to receive an expedited ected for any reason, you will be contact be sent by mail.	d response from the ted. If no email ad	e Corporations Div dress is provided, o	ision. correspondence from
Please select deli	very method for annual report notices:	Email _X Mail	apathancpa@g	mail.com
	JIV KUMAR , its <u>president</u> of January, 2020			
Make Correction	ns			Accept
© 2001 - 2020 Comm All Rights Reserved	onwealth of Massachusetts			





CERTIFICATE OF REGISTRATION

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

									
EXTERNAL CODE	E	REGISTRATION TYPE		PLATE NUMBER	EFFECTIVE DATE	TITLE NUMBER			
L	√N	Livery N	ormal	LV84072	01-Mar-2020	BU542429	EXP.RES ON	28-Feb-2022	
MODEL YEAR	MAKE	MODEL	MODEL NUMBER	BODY STYLE	COLOR	VEHICLE IDENTIFICATION NUMBER			
2017	GMC	YUKOXL	XL	suv	BLACK	1GKS2GKC6HR318090			
RESIDENTIAL AL	OORESS (IF DIFFER	RENT THAN MAILING)				TOTAL REGISTERED WEIGH	T FOR A COMMERCIAL VEHIC	LE OR TRAILER	
GARAGE ADDRE	ss		-1		· · · · · · · · · · · · · · · · · · ·	US DOT NUMBER FOR COM	MERCIAL VEHICLE		
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2323 WAS	SHINGTON	ST APT G-3 N	IEWTON MA	02462-1431					
	NER(S) AND MAILE					INSURANCE COMPANY			
OM SALE	NTERPRIS	SES INC				Arbella Pro	tection Insurance	Company	
		ST APT G-3						`	
	MA 02462					MAXIMUM SEATING CAPACIT	Y FOR VEHICLES FOR HIRE		
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LESSEE/IN CUS	TODY OF								
ELODEDIN OOG						garners Lister	Registrar of	Motor Vehicles	
SPECIAL MESSA	VCE.				CHANGE OF ADDRESS	RESIDENTIAL	MAILING	GARAGE	
SPECIAL MESSA	10c								
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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

#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).

_	is certificate does not confer rights to	o the	certi	ficate holder in lieu of su) <u>. </u>				
	DUCER				CONTAC NAME:	T Enrique	Arce				
	One Insurance Agency				PHONE (A/C, No	Ext): 508-65	59-5969		FAX (A/C, No):	508-9	55-2405
	l Turnpike Street ite 2				E-MAIL ADDRES	s: enrique	@aoneinsage	ency.com			
	st Bridgewater, MA 02379							DING COVERAGE			NAIC#
					INSURE	RA: Maga		<u> </u>	!		
INSI	RED				INSURE	RB:					
	OM SAI Enterprises				INSURE	₹C:					
	2323 Washington street, Ap Newton, MA 02462	ot G3	i		INSURE	RD:					, , , , , , , , , , , , , , , , , , ,
	110111011, 11111 02-102				INSURE	RE:					
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				NUMBER:				REVISION NUM			
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INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	1	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
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	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED	\$	
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								PERSONAL & ADV	INJURY	\$	
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	ANY AUTO				-			BODILY INJURY (Po		\$	
Α	OWNED AUTOS ONLY SCHEDULED AUTOS					10/28/20		BODILY INJURY (PO	•	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY				İ			(Per accident)	JE	\$	
		ļ	<u> </u>							\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MADE	ł						AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION	-	├					PER STATUTE	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY Y/N										
i	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA		\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - POI		\$	
 	DÉSCRIPTION OF OPERATIONS below	-	1				<u> </u>	L.L. DISERGE - POI	LIVI LIMIT	"	
					Ì						
Ce 20	cription of operations / Locations / Vehic rtificate holder is also named addition 17 GMC YUKON vin# 1GKS2GKC6HR: ijiv Kumar	naly i	nsur	ed	dule, may	be attached if n	nore space is req	uired)			
	RTIFICATE HOLDER				CANC	ELLATION		· · · · · · · · · · · · · · · · · · ·			
	Massachusetts Port Autho One Harborside Drive, Suit East Boston, MA 02128		0 S		SHO THE ACC	ULD ANY OF EXPIRATION	DATE THERE	DESCRIBED POLIC OF, NOTICE WILL CY PROVISIONS.			

Boston Cool Ride Limo Inc

Received \$25,00 Check#104

Lahcene Belhouchet, President

32 Adams St Newton, MA 02460

#617-8693141

RECEIVED
RECITY CLERK
11 NOV 17 AM 11: 59
REWITON, 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 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. LAHCENE BELHOUCHET

1. Name of Applicant: LAHCENE BELHOUCHET	
1. Name of Applicant: Little Color Ride Umo TWC 2. Business Name: Boston Cool Ride Umo TWC Business Address: 32 Address: 54 New You MA 0246 Business Telephone Number: 46/18693/4/ be hought 70 egmail.com be hought 70 egmail.com	<i>D</i>
3. Total number of Licenses: PUBLIC AUTO = 1	
TAXI LICENSE =	
4. If applicable, <i>list ALL address locations</i> 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:	
Lancene Be Chouchost	
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 Limb In C Lancene Be/houghed - president 9. Please provide the name, title and business telephone number of the person to contact concerning complaints: Lancene Be/houghed president 4 6/7 569314/	

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER:	Lahcene Belh	ouchet/Bos	ton Cool Ric	le Cimo Inc	/ 32 Adam	ompany Phone Number)
	(Owner Name)	(Compa	any Name)	(Company Addre	ess) (Co	mpany Phone Number) #617869700
	be/houch (email address)	ef 70 0g	amai'l.con	7	•	# 01/109/00
Please list below for ea	ch 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 654	79 1	64546K	JR 3392	79		
2.						
3.						
4.	<u>:</u>					
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.

TO BE FÎLED WITH THE PERMITTING AUTHORITY.
Applicant Information Please Print Legibly
Business/Organization Name: BOSJON COOL Ride Limo INC.
Address: 32 stacems St
City/State/Zip: Newson MA0246 Phone #: 6/78693/4/
Are you an employer? Check the appropriate box: 1.
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: 11/3/ NO
Phone #: 6/78693/9/
Official use only. Do not write in this area, to be completed by city or town official.
City or Town:Permit/License #
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6. Other
Contact Person: Phone #:

www.mass.gov/dia



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 Ric	e-Limo	I	nc				
Purposed Use	transportation							
·			· · · · · · · · · · · · · · · · · · ·					
Location of Business	Address	City	State	Zip code				
The full name and addr	ess of each person conducting such business:	· · · · · · · · · · · · · · · · · · ·						
Name Belhouchet Jahoene Belfulle Signature (in presence of Notary)								
Address 32 Adams St Newton Newton MA 0246								
Name		Signature (in prese	nce of N	otary)				
Address		City	State	Zip.code				
Name		Signature (in prese	nce of N	otary)				
Address		City	State	Zip code				
on JW	1017 the above named person	n(s) personally appeared		me and made				
oath that the foregoing	W M fall My commission	KAREN M. FA Notary Publi Commonwealth of Mas EMirGeturn. Expires January	io sachuse	the Control of the Co				
Under the provisions of C shall be in effect for four be filed with the City Cler available at the address s who has purchased good (\$300.00) for each month	Thapter 337 of the Acts of 1985 and Chapter 110, Section 5 years from the date of issue and shall be renewed each fork upon discontinuance or withdrawing from such business such business is conducted and shall be furnished upon recessor services from such business. Violations are subject to a during which such violation occurs. Tune 12, 2021 Date	our years thereafter. A staten s or partnership. Copies of st quest during regular busines: a fine of not more than thre	nent und sch certi s hours t e hundre	ficates shall be to any person ed dollars,				
The Issuance of this Business obtained or are current.	ness Certificate does not imply that all relevant licenses r This certificate only records that a business is being cond	ucted.	wusiii					

If the proposed business is to be located in a residence, you must fi Department thereby acknowledging compliance with Newton's Ho	lle a "Home Business Affidavit" with the Inspectional Services me Business Ordinance.
Inspectional Service	s Department Official
I hereby certify that this business address is in the following zoning zoning ordinances of the City of Newton.	district, and is an allowed use in accordance with the revised
HR — Zoning District	WCAttest
Received in the	City Clerk's Office
$56_{\scriptscriptstyle{Book}}$	190
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	BOARD OF ELECTION CONSTRUCTON 2011 JUN 12 P 3: 53 NEWTON, MASS



Li) CO マゴ



CERTIFICATE OF REGISTRATION

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

SE RE	GISTRY CH MOTO	VEHICLES	MASSACHUSETTS DEPARTMENT OF TRAILS. STATE								
Plate Type	Registration Type LIVERY NORMAL		Plate Number Effective			Title Number BV0653	20	Expires On	Month 09	Year 22	
LVN							Vehicle I	dentification Numb	er		
Model Year 2018	Make CADI	Model ESCALA	Body Style Color(s) SUV BLA			BLACK	40VC4CK 14 ID330279				
		erent than Mailing)				Total Re	gistered W	veight for Commen	Hai vernois	Or maner	
(esidentiai At	idiess (ii piii	or or it is a second or or									
A 1.1						US DOT	Number f	for Commercial Ve	nicie		
Garage Addre	ess	32 ADAMS ST NE	WTON MA 024600000	j							
Name(s) of C	440414		ուրմեոկիսհույին	11111		Insuranc	ce Compa BELLA PRO	ny OTECTION INSUF	ANCE CO	MPANY	
	003482 ***	*AUTO**ALL FOR A BELHOUCHET	AADC 021			Maximu	ım Seating	Capacity for Vehi	cles for Hire	•	
	32 ADAMS	ST MA 02460-1203						8			
						- Oa	mens	Jerlen Not Sign	Valid Witho	ut Official egistrar	
Lessee/In C	ustody Of										
				Change of	Address	☐ Res	idential	☐ Mailing ☐	Garage		
Special Me	ssage			Onlango							
											
			formation	for W	ahic	la Ow	ners	•			

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.
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 - 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.

OP ID: SH

CERTIFICATE OF LIABILITY INSURANCE

#505-25(MM/DD77777) 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.

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u	is certificate does not confer rights to	the	certif	ficate holder in lieu of su	ch end	orsement(s)	•					
PRODUCER 781-247-7800						CONTACT						
Brown & Brown of Mass., LLC					PHONE PHONE (A/C, No, Ext): 781-247-7800 FAX (A/C, No): 781-444-0090						14-0 090	
145	Rodman Insurance Agency Rosemary St., Bldg. A				ADDRE:	ss:						
Needham, MÁ 02494-3238 Evan Tobasky							JRER(S) AFFORI	DING COVERAGE			NAIC#	
aran resource						_{R A :} Arbella	Protection	Insurance			41360	
INSURED Lahcene Belhouchet					INSURER B:							
Boston Cool Ride Inc.				INSURER C:								
	32 Adams St Newton, MA 02460	[INSURER D:							
					INSURE	RE:					., ., .,	
					MSURE							
00	VERAGES CERT	TIFIC	ATF	NUMBER:				REVISION NU	MBER:			
TI IN	HIS IS TO CERTIFY THAT THE POLICIES (IDICATED. NOTWITHSTANDING ANY RECEPTIFICATE MAY BE ISSUED OF MAY BE	OF II	NSUR EMEN	LANCE LISTED BELOW HAV NT, TERM OR CONDITION (OF AN' ED BY	y contract The policie	OR OTHER I	DOCUMENT WIT	H KESPE	JI 1U	AALIICU IUIS	
	KCLUSIONS AND CONDITIONS OF SUCH P	OLIC	JIES. I		BEEN I	POLICY EFF	POLICY EXP		LINETT	<u> </u>	<u> </u>	
INSR LTR		NSD	SUBR W/D	POLICY NUMBER		(MM/DDAYYYY)	(MANACOD/YYYYY)	54.044.000011101				
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								MED EXP (Any one	person)	\$		
					:			PERSONAL & ADV	/ INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO-	İ						PRODUCTS - COA	APIOP AGG	\$		
	OTHER:							COMBINED SINGL	ELIMIT	\$	1,000,00	
A	AUTOMOBILE LIABILITY						00000000	COMBINED SINGL (Ea accident)	į		-,,	
	ANY AUTO			1020065990		06/22/2020	06/22/2021	BODILY INJURY (\$		
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	X \$1000 Deds X Comp/Coll						ļ			\$		
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	EXCESS LIAB CLAIMS-MADE						1	AGGREGATE		\$		
	DED RETENTION\$		├ ──┤				<u> </u>	PER	OTH-	-		
	WORKERS COMPENSATION AND EMPLOYERS' LIABRLITY Y/N						1	PER STATUTE		 		
	ANY DECODETODIOARTHERIESECUTIVE	N/A						E.L. EACH ACCID		5	· · · · · · · · · · · · · · · · · · ·	
				·				E.L. DISEASE - E/				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DUCY LIMIT	5		
DES 201	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 8 Cadillac 1GYS4GKJ4JR339279	ES (ACORD	l) 101, Additional Remarks Schedu	ile, may l	i se attached if mo	re apace la requi	red)				
L					CAN	CELLATION						
CE	Lahcene Belhouchet Boston Cool Ride Inc. 32 Adams St Newton, MA 02460					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						