

Mindful Livery LLC

February 28, 2022

City Council
1000 Commonwealth Avenue
Newton Centre, MA 02459

5/23/22
Received \$25.00
Check # 106
for public auto
license

Dear Council:

Attached for your consideration is a new application for a public auto license, worker's compensation insurance affidavit, a copy of the Business Certificate from a municipality of the Commonwealth, a copy of the vehicle registration certificate and certificate of vehicle insurance indicating the amount of coverage.

My company is Mindful Livery LLC and it is a sole proprietorship / Limited Liability Company. The address is 250 Austin Street Newton, MA 02465. I, Kikuyu "Kiku" Daniels, am the proprietor.

I look forward to an invitation to attend an upcoming meeting of the Public Safety & Transportation Committee to discuss this application request. Should you have any questions for me in the interim, I can be reached at 617-794-4923.

Thank you for your consideration.

Respectfully,



Kikuyu Daniels,
Proprietor at Mindful Livery LLC

RECEIVED
2022 MAY 23 PM 1:26
CITY CLERK
NEWTON, MA, 02459

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: Kikuyu Daniels Mindful Livery LLC 250 Austin St Newton, MA 02465 617-714-4923
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
kiku@mindful-holdings.com
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 ND INSPECTION (mileage & meter #)
1. <u>LVA5969</u>		<u>1FMCU96D6KUB50927</u>		<u>41468 mi</u>		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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: KIKUYU DANIELS
2. Business Name: MINDFUL LIVERY LLC
Business Address: 250 Austin St Newton, MA 02465
Business Telephone Number:
email address: kiku@mindful-holdings.com
3. Total number of Licenses:

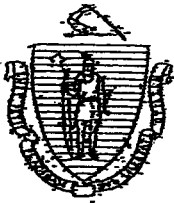
PUBLIC AUTO = 1

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

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

Sole proprietorship (LLC)
6. If the business is a sole proprietor, please state the full name and address of the owner:
Kikuyu Daniels
250 Austin St Newton, MA 02465
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:

Kiku Daniels, Proprietor/Manager
617-794-4923



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: Mindful Livery LLC
Address: 250 Austin St Newton, MA 02465
City/State/Zip: Newton, MA 02465 Phone #: 617-794-4923

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: _____
Insurer's Address: _____
City/State/Zip: _____
Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

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

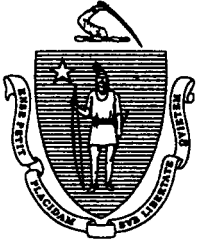
I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Kirklyn Daniels Date: 2/27/2022
Phone #: 617-794-4923

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

City or Town: _____ Permit/License #: _____
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____



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

William Francis Galvin
Secretary of the
Commonwealth

Date: April 28, 2022

To Whom It May Concern :

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

MINDFUL LIVERY LLC

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on

March 29, 2022.

I further certify that, so far as appears of record, said registration has not been cancelled, withdrawn, or revoked.



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

A handwritten signature in cursive script that reads "William Francis Galvin".

Secretary of the Commonwealth

Certificate Number: 22040696610

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: smc



CERTIFICATE OF REGISTRATION

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

EXTERNAL CODE LVN		REGISTRATION TYPE Livery Normal		PLATE NUMBER LVA5969		EFFECTIVE DATE 20-May-2022		TITLE NUMBER CD940685		EXPIRES ON		30-Sep-2023	
MODEL YEAR 2019	MAKE FORD	MODEL ESCAPE	MODEL NUMBER	BODY STYLE SUV	COLOR ORANG	VEHICLE IDENTIFICATION NUMBER 1FMCU9GD6KUB50927							
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)								TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
GARAGE ADDRESS 250 AUSTIN ST NEWTON MA 02465-2501								US DOT NUMBER FOR COMMERCIAL VEHICLE					
NAME(S) OF OWNER(S) AND MAILING ADDRESS KIKUYU DANIELS 250 AUSTIN ST NEWTON MA 02465-2501								INSURANCE COMPANY THE COMMERCE INSURANCE COMPANY					
								MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE					
LESSEE/IN CUSTODY OF								<i>Colleen J. D'Amico</i> Registrar of Motor Vehicles					
SPECIAL MESSAGE If this vehicle is newly acquired, it must be inspected within 7 days of registration.								CHANGE OF ADDRESS					
								<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE					

Important information for vehicle owners

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

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



CERTIFICATE OF LIABILITY INSURANCE

#323-22

DATE (MM/DD/YYYY)

05/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Allmass Fernekees LLC 33 High St Reading MA 01867		CONTACT NAME: John A Fernekees PHONE (A/C No, Ext): (781) 944-9800 E-MAIL ADDRESS: john.a@allmassllc.com		FAX (A/C, No): (781) 944-8304	
INSURED Kikuyu Daniels Mindful Livery LLC 250 Austin St Newton MA 02465		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Commerce Insurance Company			
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CL2251203674 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			L00248	05/11/2022	05/11/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Uninsured motorist BI	\$ 300/500
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

CITY OF NEWTON 1000 COMMONWEALTH AVE NEWTON CENTRE MA 02459	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>John A Fernekees</i>

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