



Public Safety & Transportation Committee Agenda

City of Newton In City Council

Wednesday, December 6, 2023

7:00 PM

The Public Safety & Transportation Committee will hold this meeting as a virtual meeting on Wednesday, December 6, 2023 at 7:00 pm. To view this meeting using Zoom use this link <https://newtonma-gov.zoom.us/j/86466967318> or call 1-646-558-8656 and use the following Meeting ID: **864 6696 7318**

Items Scheduled for Discussion:

- #405-23** **Requesting renewal of bus license for Lasell University**
VPNE PARKING SOLUTIONS, LLC. requesting biennial **renewal of one (1) bus license** for Lasell University. There are no changes proposed from the 2021 license.
- #406-23** **Requesting new public auto license**
RALPH THOMAS, 50 Bowers Street, Newtonville, MA 02460 requesting **one (1) new public auto license** for Saito Trading, LLC.
- #407-23** **Requesting renewal of public auto license**
ISMAIL UNKOC, 184 River Street, West Newton, MA 02465 requesting **renewal of one (1) public auto license** for Izmo Limo, LLC.
- #408-23** **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.
- #409-23** **Requesting renewal of public auto license**
RAJIV KUMAR, 2323 Washington Street, Apt. #G3, Newton, MA 02462 requesting renewal of one (1) public auto license for Om Sai Enterprises Inc.

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

#410-23 Requesting renewal of public auto license
DHANRAJ MAHASE, 275 Grove Street, 2-400, Newton, MA 02466 requesting **renewal of one (1) public auto license** for MHS Worldwide, LLC.

#411-23 Requesting renewal of public auto license
LAHCENE BELHOUCHE, 32 Adams Street, Newton, MA 02460 requesting **renewal of one (1) public auto license** for Boston Cool Ride Limo Inc.

#412-23 Requesting renewal of public auto license
DONALD LAPLANTE, 21 Parker Street, Newton Centre, MA 02459 requesting **renewal of one (1) public auto license** for Don's Car Service.

Chair's Note: *In reference to Docket #67-22, At this meeting, we will discuss annual and comparison data on crime, crashes, hate incidents 2019-2023 to date.*

#67-22 Requesting regular discussion with the Police Department
COUNCILOR DOWNS requesting regular discussion with the Police Department of police data, including crashes, types of calls, numbers and dispositions.
Public Safety & Transportation Held 8-0 on 01/05/22
Public Safety & Transportation Held 6-0 on 03/23/22 (Councilor Oliver not voting)
Public Safety & Transportation Held 6-0 on 09/08/22
Public Safety & Transportation Held 7-0 on 12/07/22
Public Safety & Transportation Held 7-0 on 01/18/23 (Councilor Grossman not voting)
Public Safety & Transportation Held 7-0 on 03/22/23

#371-23 Requesting a discussion with the Administration about overnight on-street parking during the winter parking ban for people with disability placards.
COUNCILORS DOWNS, LUCAS, HUMPHREY, KELLEY, GREENBERG, OLIVER, ALBRIGHT, WRIGHT, KRINTZMAN, MALAKIE, GROSSMAN AND RYAN requesting a discussion with the Administration about overnight on-street parking during the winter parking ban for people with disability placards.

#282-23 Discussion and ordinance change to Section 19-49 Temporary Parking Permits
COUNCILORS NORTON, LUCAS AND ALBRIGHT requesting discussion and ordinance change to **Section 19-49 Temporary Parking Permits**, to give police more discretion in distributing temporary permits and reduce hardships especially on tradespersons and contractors.

#351-23 Requesting change in the overnight winter parking ban ordinance to allow folks who have permits be able to park in city lots during snow emergencies

COUNCILORS GREENBERG AND DOWNS requesting change in the overnight winter parking ban ordinance to allow folks who have permits be able to park in city lots during snow emergencies. To begin this winter 2023.

#236-23 Discussion regarding safety measures in Newton Public Schools

COUNCILORS LIPOF, LAREDO, DANBERG, KALIS, MALAKIE, RYAN, GROSSMAN, WRIGHT, LUCAS, OLIVER, KRINTMAN AND ALBRIGHT requesting a discussion with the Chief of Police and pertinent staff to discuss the current training and protocols in place for safety preparedness in Newton Schools, ensuring a safe and secure environment for Newton students.

Respectfully submitted,

Andreae Downs, Chair

#405-23

Received \$10. check
#54841



November 8, 2023

To whom it may concern,

We are requesting a biennial application to operate one shuttle in the City of Newton for Lasell University. One shuttle will be operated on a set route for the university and stored on campus and another shuttle will also be stored on campus as a backup. Both shuttles have a 14 passenger capacity.

- The primary shuttle is registration number LV75337 and the VIN is 1FDEE3FL5GDC32165
- The backup shuttle is registration LV75327 and the VIN is 1FDEE3FLXGDC32162

Thank you for your consideration.

King Belin

A handwritten signature in black ink, appearing to read "King Belin", written over a white background.

Operations Manager

VPNE Parking Solutions, LLC

RECEIVED
2023 NOV 15 PM 12:23
CITY CLERK
NEWTON, MA. 02459

BUS LICENSE RENEWAL APPLICATION

BUS LICENSE HOLDER: VPNE VPNE 350 Lincoln St Hingham MA 02043
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)
kbelton@vpne.com 781-752-7372
 (email address)

Please list below for each Bus:

	VEHICLE REGISTRATION #	VEHICLE ID # (VIN)	ODOMETER READING
1.	<u>LVT5337</u>	<u>1FDEE3FLSGDC32165</u>	<u>1301 276,796.9</u>
2.	<u>LVT5327</u>	<u>1FDEE3FLXGDC32162</u>	<u>1302 73,977.2</u>
3.	_____		



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: VPNE

Address: 350 Lincoln St. Ste. 1111

City/State/Zip: Hingham MA 02043 Phone #: _____

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: Hartford Underwriters Insurance Co.

Insurer's Address: One Hartford Plaza, Hartford CT 06155

City/State/Zip: Hartford CT 06155

Policy # or Self-ins. Lic. # 16WNS82400 Expiration Date: 10/8/24

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: 11-14-23

Phone #: 207-717-7221

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____



Lasell Shuttle Ridership: Monday-Friday

DATE:

MBTA/ RIVERSIDE	Riders	ARNOW CAMPUS CENTER	Riders	FOREST SUITES	Riders	MBTA/ RIVERSIDE	Riders	ARNOW CAMPUS CENTER	Riders	WOODLAN D HALL	Riders
9:00 AM		9:10 AM		9:20 AM		9:30 AM		9:35 AM		9:40 AM	
10:00 AM		10:10 AM				10:30 AM		10:35 AM		10:40 AM	
11:00 AM		11:10 AM		11:20 AM		11:30 AM		11:35 AM		11:40 AM	
12:00 PM		12:10 PM		12:20 PM		12:30 PM					
1:00 PM		1:10 PM		1:20 PM		1:30 PM		1:35 PM		1:40 PM	
2:00 PM		2:10 PM		2:20 PM		2:30 PM		2:35 PM		2:40 PM	
3:00 PM		3:10 PM				3:30 PM		3:35 PM		3:40 PM	
4:00 PM		4:10 PM		4:20 PM		4:30 PM					



Lasell Shuttle Ridership: Saturday

Date:

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

Natick Mall Trip

11:30 AM

Natick Mall Trip

2:40 PM

Driver:

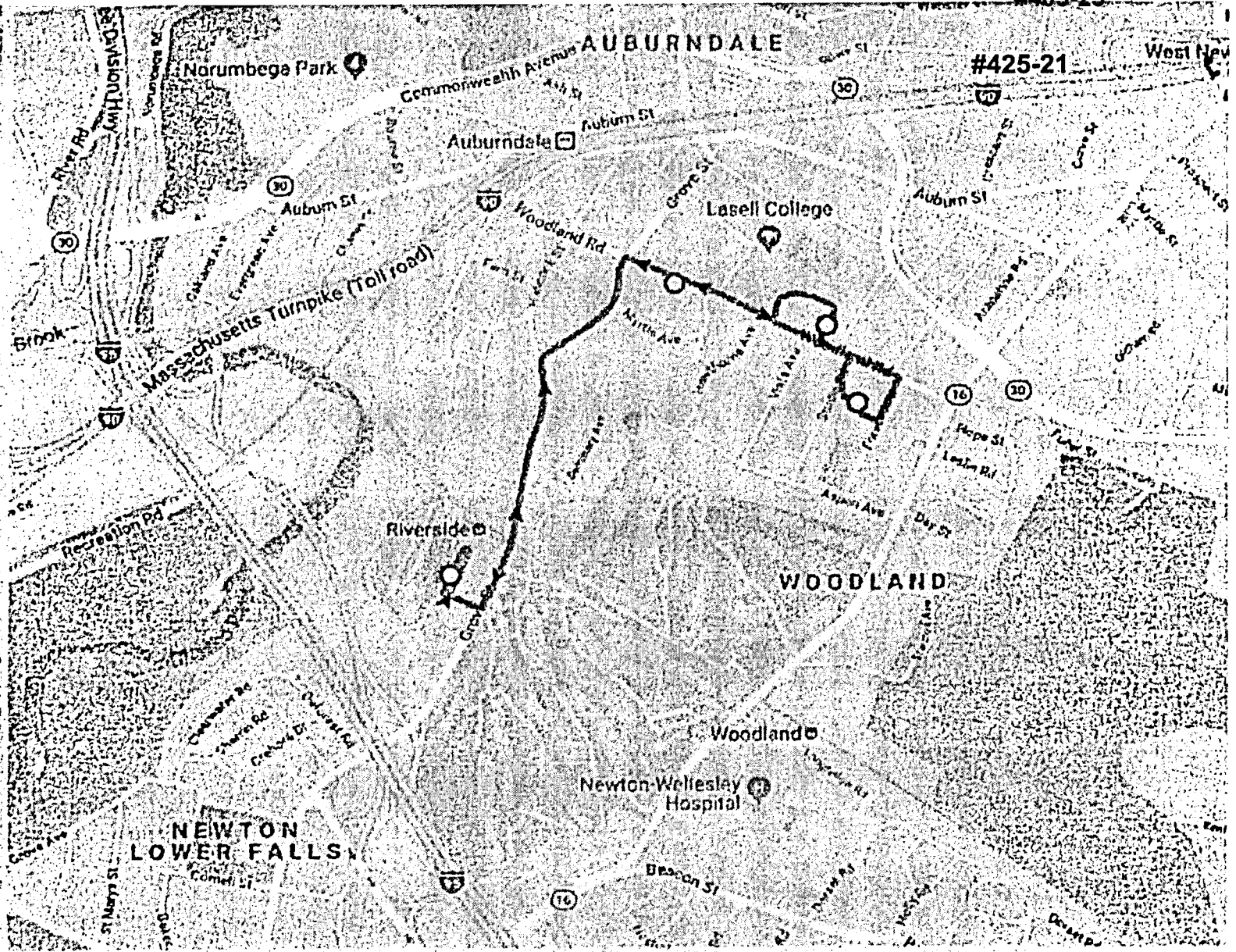


Lasell Shuttle Ridership: Sunday

Date:

FOREST SUITES	Riders	WOODLAN D HALL	Riders	ARNOW CAMPUS CENTER	Riders	Auburndale	Riders	WOODLAN D HALL	Riders	MARKET BASKET	Riders	MBTA/ RIVERSIDE	Riders
9:20 AM				9:25 AM								9:40 AM	
10:25 AM		9:50 AM		9:55 AM								10:10 AM	
10:50 AM				10:30 AM								10:40 AM	
				11:00 AM						11:30 AM		12:00 PM	
		DROP ONLY										12:40 PM	
1:20 PM		12:50 PM		1:25 PM								1:05 PM	
2:05 PM				2:10 PM								1:55 PM	
3:15 PM												3:00 PM	
3:40 PM		3:20 PM										3:30 PM	
4:50 PM		4:30 PM										4:20 PM	
												4:40 PM	

Driver:





CERTIFICATE OF REGISTRATION #105-23

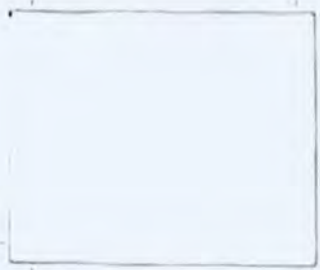
M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV75337	Effective Date 01-Aug-2022	Title Number CD840490	Expires On 	Month 07	Year 24
Model Year 2016	Make STAR	Model ALLSTA	Model Number	Body Style VAN	Color(s) WHITE	Vehicle Identification Number 1FDEE3FL5GDC32165	
Residential Address (if Different than Mailing)				Total Registered Weight for Commercial Vehicle or Trailer			
Garage Address UNKNOWN NEWTON MA 00000				US DOT Number for Commercial Vehicle			
Name(s) of Owner(s) and Mailing Address 027206 *****AUTO**5-DIGIT 02018 VPNE PARKING SOLUTIONS LLC 350 LINCOLN ST STE 1111 HINGHAM MA 02043-1579				Insurance Company LIBERTY MUTUAL FIRE INSURANCE COMPANY			
				Maximum Seating Capacity for Vehicles for Hire 14			
				<i>Colleen J. Spina</i> Registrar of Motor Vehicles			
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

Important Information for Vehicle Owners

241079537

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



IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.



1302

CERTIFICATE OF REGISTRATION

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

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV75327	Effective Date 01-Aug-2022	Title Number CD839323	Expires On 	Month 07	Year 24
Model Year 2016	Make STAR	Model ALLSTA	Model Number	Body Style VAN	Color(s) WHITE	Vehicle Identification Number 1FDEE3FLXGDC32162	
Residential Address (If Different than Mailing)				Total Registered Weight for Commercial Vehicle or Trailer			
Garage Address UNKNOWN NEWTON MA 00000				US DOT Number for Commercial Vehicle			
Name(s) of Owner(s) and Mailing Address 027246 *****AUTO**5-DIGIT 02018 VPNE PARKING SOLUTIONS LLC 350 LINCOLN ST STE 1111 HINGHAM MA 02043-1579				Insurance Company LIBERTY MUTUAL FIRE INSURANCE COMPANY			
				Maximum Seating Capacity for Vehicles for Hire 14			
				<i>Colleen J. Dylunia</i> Registrar of Motor Vehicles			
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			
				<hr/>			

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 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.

IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.



241079577



VPNEPAR-01

#405-23

NAOMIPAVLIKOWSKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/7/2023

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

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

PRODUCER NFP Property & Casualty Services, Inc. 45 Executive Drive Plainview, NY 11803	CONTACT NAME: Anne Federman PHONE (A/C, No., Ext): (516) 327-6379 FAX (A/C, No): E-MAIL ADDRESS: anne.federman@NFP.com														
INSURED VPNE Parking Solutions, LLC 350 Lincoln Street, Suite 1111 Hingham, MA 02043	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Twin City Fire Insurance Company</td> <td style="text-align: center;">29459</td> </tr> <tr> <td>INSURER B : Hartford Fire Insurance Company</td> <td style="text-align: center;">19682</td> </tr> <tr> <td>INSURER C : Hartford Underwriters Insurance Company</td> <td style="text-align: center;">30104</td> </tr> <tr> <td>INSURER D : Cincinnati Insurance Company</td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER E : Endurance Assurance Corporation</td> <td style="text-align: center;">11551</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Twin City Fire Insurance Company	29459	INSURER B : Hartford Fire Insurance Company	19682	INSURER C : Hartford Underwriters Insurance Company	30104	INSURER D : Cincinnati Insurance Company	10677	INSURER E : Endurance Assurance Corporation	11551	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Twin City Fire Insurance Company	29459														
INSURER B : Hartford Fire Insurance Company	19682														
INSURER C : Hartford Underwriters Insurance Company	30104														
INSURER D : Cincinnati Insurance Company	10677														
INSURER E : Endurance Assurance Corporation	11551														
INSURER F :															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Per Lob. Agg. Cap <input checked="" type="checkbox"/> \$5,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			16ECOSOF9180	10/8/2023	10/8/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			16CSESE82401	10/8/2023	10/8/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			16XSON2390	10/8/2023	10/8/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			16WNS82400	10/8/2023	10/8/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Business Income			ENP0667309	10/8/2023	10/8/2024	W/Extra Expense 100,000
E	Employee Dishonesty			MAP30026059201	10/8/2023	10/8/2024	\$75,000 Ded 1,000,000

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

Garagekeepers/ Other States Policy: Hartford Fire Insurance Co.#16CSESE82401

Term 10/08/23 to 10/08/24

Primary \$1,000,000 Limit with \$10,000 Deductible.

The Insured is Self Insuring for Comprehensive and Collision Coverage for Commercial Autos.

MA Garagekeepers: #2705396 Term 11/10/2023 to 11/10/2024 \$1,000,000 Max Limit for all locations scheduled with \$1,000 Max Deductible Comp & Collision

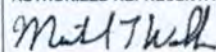
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

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





AGENCY CUSTOMER ID: VPNEPAR-01

#405-23
NAOMIPAVLIKOWSKI

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY NFP Property & Casualty Services, Inc.		NAMED INSURED VPNE Parking Solutions, LLC 350 Lincoln Street, Suite 1111 Hingham, MA 02043	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

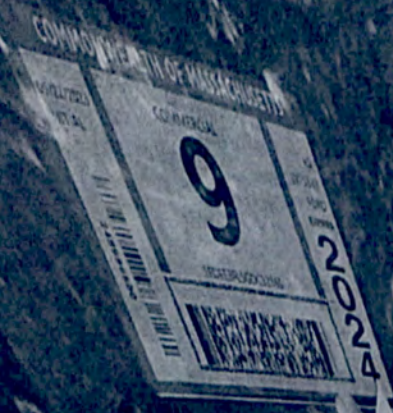
ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Excess Umbrella - XL Insurance America Inc. #US00094843LI23A Term 10/08/23 to 10/08/24
\$15,000,000 each occur/Aggregate with \$10,000,000 Retention

Cyber Liability- Claims Made: #ACS1156823 Term 11/8/2023-10/8/2024
\$3,000,000 each occur/Aggregate with \$50,000 Retention

For Insurance Purposes Only



1301



COMMONWEALTH OF MASSACHUSETTS

09/22/2023

INITIAL

COMMERCIAL

9

1FDEE3FL5GDC32165



248986600

ES

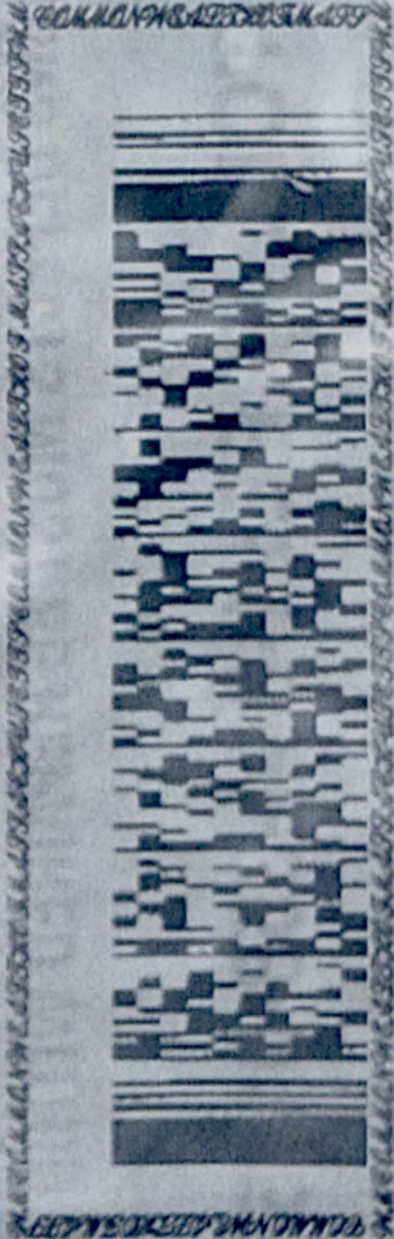
LV75337

FORD

EXPIRES

2024

#405-23





COMMONWEALTH OF MASSACHUSETTS

09/22/2023

INITIAL

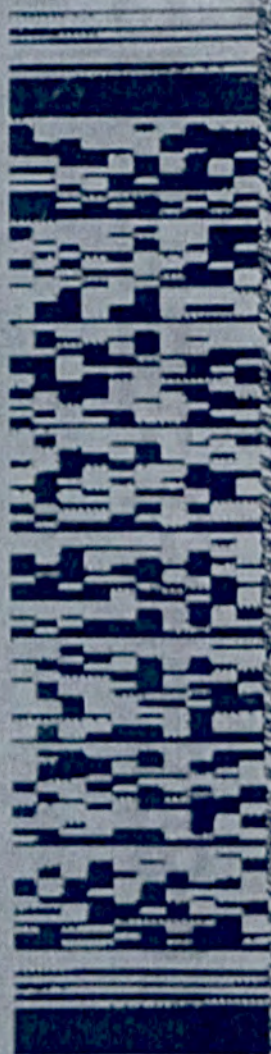


248986607

COMMERCIAL

9

1FDEE3FLXGDC32162



ES

LV75327

FORD

EXPIRES

2024

#405-23

#406-23
11-17-2023

I. Ralph Thomas want to Request a PUBLIC AUTO LICENCE
FOR MY SUBURBAN 2023. I WILL BE OPERATING IN THE
CITY OF NEWTON.

Ralph Thomas

Received
\$25.00
payment
11/17/23

RECEIVED
2023 NOV 17 AM 10:17
CITY CLERK
NEWTON, MA. 02459



NEWTON POLICE DEPARTMENT TRAFFIC BUREAU ANNUAL LIVERY INSPECTION FORM

Company: SAITO TRADDING LLC

Vehicle Registration: LVB2812

Vehicle Make and Model CHEVORLET SUBURBAN

Vehicle Year: 2023

Inspection

Interior/Exterior

Seatbelts

<u>Appearance</u>	(X) Satisfactory () Non-Satisfactory	In Working Order:	(X) Yes () No
<u>Cleanliness:</u>	(X) Satisfactory () Non-Satisfactory	In Plain View:	(X) Yes () No
<u>Mechanical Fitness:</u>	(X) Satisfactory () Non-Satisfactory	Available for all Passengers:	(X) Yes () No

Vehicle Recordings

Odometer Reading: 1074 VIN# 1GNKSBKD4PR529284

Operating Odometer:	(X) Yes () No	Directional(s) Working:	(X) Yes () No
Valid Inspection Sticker:	(X) Yes () No	Brake Light(s) Working:	(X) Yes () No
Manufactured within last 10 years:	(X) Yes () No	Hazard Light(s) Working:	(X) Yes () No

Comments:

Does this vehicle pass inspection per Newton City Ordinance 19-309?

(X) Yes () No

Officer Name: JASON SCHLEGEL #30732

Date of Inspection: 11/29/2023



#406-23

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

November 17, 2023 at 10:15 am

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2023	1	RALPH SAITO THOMAS	ONLINE	\$25.00
			CITY CLERK MISCELLANEOUS REVENUE	1 x \$25.00	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

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

Transaction Code: HTL-NEWTON-MA-US-10149541

Reference Code: 251773721/251773724

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

[Print Receipt](#)

[Return to ePOS Catalog](#)



Copyright © 2023 - 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](#)

We're Online!
How may I help you today?



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: RALPH S. THOMAS
- 2. Business Name: SAITO TRADING LLC
Business Address: 50 BOWERS ST NEWTON, MA 02460
Business Telephone Number: 425-362 8496
email address: INFO@SAITOTRADING.COM.
- 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):

SOLE PROPRIETORSHIP

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

RALPH SAITO THOMAS
50 BOWERS ST NEWTON, 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:

RALPH THOMAS OWNER
425-362 8496

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: RALPH S. THOMAS SAITO TRADING LLC SO BOWERS ST NEWTON MA 02460 425-362-8491
(Owner Name) (Company Name) (Company Address) (Company Phone Number)

INFO@SAITO TRADING.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. LY 12312 1GUKSKBKD4PR529284 785
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

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

Applicant Information RALPH THOMAS Please Print Legibly

Business/Organization Name: SAITOTRADING LLC

Address: 50 BOWERS ST NEWTON

City/State/Zip: NEWTON, MA 02460 Phone #: 425 3628496

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

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

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

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

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

Signature: Ralph Thomas Date: 11-16-2023

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 #: _____



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

William Francis Galvin
Secretary of the
Commonwealth

November 6, 2023

TO WHOM IT MAY CONCERN:

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

SAITO TRADING LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **April 13, 2021**.

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



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

William Francis Galvin
Secretary of the Commonwealth



#406-23

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 LVB2812		EFFECTIVE DATE 10-Nov-2023		TITLE NUMBER		EXPIRES ON 28-Feb-2025	
MODEL YEAR 2023	MAKE CHEV	MODEL SUBURBAN	MODEL NUMBER	BODY STYLE SUV	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 1GNSKBKD4PR529284					
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
GARAGE ADDRESS 50 BOWERS ST APT 1 NEWTONVILLE MA 02460-1958						US DOT NUMBER FOR COMMERCIAL VEHICLE					
NAME(S) OF OWNER(S) AND MAILING ADDRESS RALPH THOMAS 50 BOWERS ST APT 1 NEWTONVILLE MA 02460-1958						INSURANCE COMPANY LANCER INSURANCE COMPANY					
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE					
						<i>Colleen J. O'Brien</i> Registrar of Motor Vehicles					
SPECIAL MESSAGE					CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE						

Important information for vehicle owners

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

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



RALPSTH-01

#406-23 KMARIOTTI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2023

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 Research Underwriters 51 Pullman Street Worcester, MA 01606	CONTACT NAME:	
	PHONE (A/C, No, Ext): (508) 425-4815	FAX (A/C, No): (508) 304-9799
INSURED Ralph S Thomas d/b/a Saito Trading LLC 50 Bowers Street Apt# 3 Newtonville, MA 02460-1958	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Lancer Insurance Company	NAIC # 26077
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA176914#1	11/10/2023	11/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 20,000 BODILY INJURY (Per accident) \$ 40,000 PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

City of Newton, MA
1000 Commonwealth Ave
Newton Center, 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

Stephen A. Crigo



AGENCY CUSTOMER ID: RALPSTH-01

#406-23

KMARIOTTI

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)
11/10/2023

AGENCY Research Underwriters	CARRIER Lancer Insurance Company	NAIC CODE 26077
POLICY NUMBER BA176914#1	EFFECTIVE DATE 11/10/2023	NAMED INSURED(S) Ralph S Thomas d/b/a Saito Trading LLC

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
1	2023	Chevy	Suburban		1GNSKBKD4PR529284	PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML <input type="checkbox"/>						
GARAGING ADDRESS		STREET (Required in KY) 50 Bowers Street			CITY Newtonville		COUNTY		STATE MA	ZIP 02460-1958		
LIC STATE MA	TERR	GVW / GCW	CLASS	SIC	FACTOR 0.00	SEAT CP 8	RADIUS 50	FARTHEST TERMINAL		COST NEW \$		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP / OTC	FG	AA	ST AMT		1,000
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL					1,000
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)			CITY		COUNTY		STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)			CITY		COUNTY		STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM			
GARAGING ADDRESS		STREET (Required in KY)			CITY		COUNTY		STATE	ZIP		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
PLEASURE	RETAIL		LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP / OTC	FG	AA	ST AMT		
FARM	SERVICE			UNINS MOTOR	SPEC C OF L	FTW	COLL					
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$								

#407-23
09/21/23

pd \$25.00
credit card
9/21/23

To The Newton City Council,

I am Requesting to renew my
public auto licence.

izmolimo LLC
ismail Dinkoc

[Handwritten signature]

RECEIVED
2023 SEP 21 PM 1:20
CITY CLERK
NEWTON, MA. 02459



#407-23

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

September 21, 2023 at 1:28 pm

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2023	1	UNKOC	ONLINE	\$25.00
			CITY CLERK MISCELLANEOUS REVENUE	1 x \$25.00	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

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

Transaction Code: HTL-NEWTON-MA-US-9868010

Reference Code: 244479068/244479074

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

[Print Receipt](#)

[Return to ePOS Catalog](#)



Copyright © 2023 - 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](#)

We're Online!
How may I help you today?



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

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

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

- 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):

LLC.

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

—

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

—

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:
ISMAIL UNKOC, OWNER/OPERATOR 6177754784

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: ISMAIL LINKOC 12MOLIMO LLC 184 River St. West Newton MA 02465 617-775-4784
(Owner Name) (Company Name) (Company Address) (Company Phone Number)

ismail@ismailinkoc.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 #)
--------------------------	-------------	-----------------------	---------------------	---------------------------	---	---

- LV86122 1 2G6MS39J915660 181.000 — —
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: 12MOLIMO LLC

Address: 184 River St.

City/State/Zip: West Newton, MA 02465 Phone #: 617-775-4784

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

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

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

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

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

Signature: [Signature] Date: 09/21/23

Phone #: 617-775-4784

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____



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

William Francis Galvin
Secretary of the
Commonwealth

January 22, 2020

TO WHOM IT MAY CONCERN:

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

IZMOLIMO LLC

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

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

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

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

William Francis Galvin

Secretary of the Commonwealth






CERTIFICATE OF REGISTRATION

#407-23

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

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV86122	Effective Date 01-Mar-2023	Title Number CA884849	Expires On →	Month 02	Year 25
Model Year 2018	Make CADI	Model XTS	Model Number	Body Style SEDAN	Color(s) BLACK	Vehicle Identification Number 2G61M5S39J9156660	
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 184 RIVER ST WEST NEWTON MA 024651430					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  T47 P1 9943 ISMAIL UNKOC 184 RIVER ST WEST NEWTON, MA 02465-1430					Insurance Company PROGRESSIVE CASUALTY INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 5		
					<i>Colleen J. O'Leary</i> Registrar of Motor Vehicles		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

Important Information for Vehicle Owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. **The records of the RMV constitute the official status of the vehicle registration.**
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34,

241192



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/YYYY)
11/07/2022

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 Lighthouse Insurance Agency, Ltd 540 Gallivan Blvd Ste 211 Dorchester MA 02124 INSURED Ismail Unkoc 184 River St West Newton MA 02465	CONTACT NAME: PHONE (978) No. Ext: (517) 464-3777 FAX (917) 464-3888 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Progressive Casualty Ins Co.</td> <td style="text-align: center;">24260</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Progressive Casualty Ins Co.	24260	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Progressive Casualty Ins Co.	24260														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: CL2211746431 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	INSUR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ACW INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			01350076-3	11/07/2022	11/07/2023	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate is provided to Holder as proof of active coverage for above Named Insured. Insured vehicle: 2018 Cadillac XTS (MA Reg. LV86122) VIN: 2G61M5S39J9156660.

09-25-23.

Received \$25.00
#1654
9/26/23

American Truck & Equipment Sales, LLC.
274 Dedham St.
Newton, MA. 02461

617-834-5964
mgim@verizon.net

Michael Gimmelfarb.
Owner.

To whom it may concern!

I am requesting renewal of my public auto transportation license for year 2023.

Thank you!



Michael Gimmelfarb.

RECEIVED
2023 SEP 26 AM 10:07
CITY CLERK
NEWTON, MA. 02459

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

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

1. Name of Applicant: MICHAEL GIMMELFARB
2. Business Name: American Truck and Equipment Sales, LLC.
Business Address: 274 Dedham st. Newton MA-02461
Business Telephone Number: 617-834-5964
email address: mgim@verizon.net
3. Total number of Licenses: 1
PUBLIC AUTO = 1
TAXI LICENSE =
4. If applicable, list ALL address locations of EXCLUSIVE TAXI STANDS:

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

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 Gimmeffae6. American Truck and Equipment Sales LLC (Company Name) (Company Phone Number)
mgim@verizon.net (Owner Name) 274 Deedham St (Company Address) 617-834-5964 (Company Phone Number)
Newton MA 02461 (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. LV76277 2 IGNSKCKDZMR303399 _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: American Truck and Equipment Sales LLC
Address: 27A Dedham st
City/State/Zip: NEWTON MA 02461 Phone #: 617-834-5964

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: _____
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: M. G. [Signature] Date: 09-26-2023
Phone #: 617-834-5964

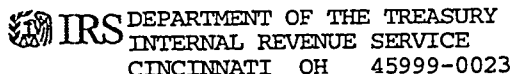
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____



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

Date of this notice: 08-05-2008

Employer Identification Number:
26-3114478

Form: SS-4

Number of this notice: CP 575 B

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

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-3114478. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

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

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

Form 1065

04/15/2009

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

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

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

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

Secretary of the Commonwealth of Massachusetts

William Francis Galvin

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

Date of Revival:

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

Consent
 Confidential Data
 Merger Allowed
 Manufacturing

View filings for this business entity:

- ALL FILINGS
- Annual Report
- Annual Report - Professional
- Articles of Entity Conversion
- Certificate of Amendment

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)



CERTIFICATE OF REGISTRATION #408-23

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

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV76277	Effective Date 01-Aug-2023	Title Number CF927611	Expires On Expires On	Month 07	Year 25
Model Year 2021	Make CHEV	Model SUBURB	Model Number	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 1GNSKCKD7MR303399	
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 274 DEDHAM ST NEWTON MA 024612045					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address 12892 AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON, MA 02461-2045 T57 P1 2					1 Insurance Company UNITED FINANCIAL CASUALTY COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 8		
					<i>Colleen J. Ogden</i> Registrar of Motor Vehicles		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

Important Information for Vehicle Owners

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

250981692

IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/12/2023

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 PROGRESSIVE PO BOX 94739 CLEVELAND OH 44101	CONTACT NAME: PHONE (A/C, No, Ext): 800-444-4487	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : United Financial Casualty Co.		11770
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

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


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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 <input type="checkbox"/> 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 type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		022388022	06/12/2023	06/12/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 20,000 BODILY INJURY (Per accident) \$ 40,000 PROPERTY DAMAGE (Per accident) \$ 5,000 \$
	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	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Uninsured Motorist Personal Injury Protection		022388022	6/12/2023	6/12/2024	20,000/40,000 BASIC

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

OPTIONAL BOD INJ / PROP DMG 1,000,000 CSL

2021 CHEVY SUBURBAN 1GNSKCKD7MR303399

CERTIFICATE HOLDER MASSACHUSETTS PORT AUTHORITY 1 HARBORSIDE DR STE 200S E BOSTON, MA 02128	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

DATE 10/03/2023

To

MS. DANIELLE DELANEY
City of Council
Commonwealth Ave, 1000
Newton, MA 02459

Received
payment \$25,00

Check # 1092

CITY CLERK
NEWTON, MA, 02459

RECEIVED
OCT - 3 AM 11:10

Dear Sir/madam,

Hi

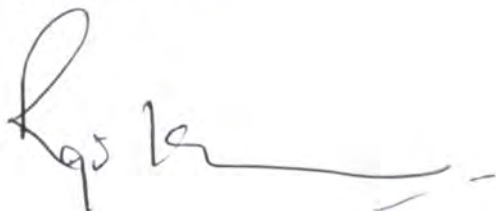
Hear with By this letter i request
to you please renew my Public
Auto Licenes. for my buisness.

Thank you.

Sincerely,

RAJIV KUMAR

Om Sai Enterprises Inc.
Newton.



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

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

- 1. Name of Applicant: *RAJIV KUMAR*
- 2. Business Name: *OM SAI ENTERPRISES INC.*
 Business Address: *2323 WASHINGTON STR. APT-93, NEWTON MA 02462*
 Business Telephone Number: *781 985 9461*
 email address: *RAJIVBERLIN@YAHOO.COM*
- 3. Total number of Licenses: *1*
 PUBLIC AUTO = *1*
 TAXI LICENSE = *NO*

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

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

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

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

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):
OM SAI ENTERPRISES INC.
RAJIV KUMAR
MARCITA RICHARD KUMAR

9. Please provide the name, title and business telephone number of the person to contact concerning complaints: *RAJIV KUMAR*
PH: 781-985-9461
617-702-6487

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: RAJIV KEMAR (Owner Name) Om Sai Enterprises Inc. 2323 Washington St. Apt - G3 NEWTON - MA (Company Address) (Company Phone Number) 02462

RAJIVBERLIN@YAHOO.COM (email address)

781-985-9461

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 ND INSPECTION (mileage & meter #)
--------------------------	-------------	-----------------------	---------------------	---------------------------	---	---

1. LV 84072 1GYS4KKL3PR261056 30500 SEP. 2023
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: OM SAI ENTERPRISES INC.

Address: 2323 WASHINGTON ST. APT. G3

City/State/Zip: NEWTON, MA 02462 Phone #: 781-985-9461

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: PROGRESSIVE # 02836523-2

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

City/State/Zip: West Bridgewater, MA 02379

Policy # or Self-ins. Lic. # 02836523-2 Expiration Date: NOV 2023

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

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

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

Signature: [Signature] Date: 10/03/2023

Phone #: 781-985-9461

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

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



Annual Report 2019
General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 465418141

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

2. Jurisdiction of Incorporation: State: MA Country:

3.A. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:
 Name: RAJIV KUMAR
 No. and Street: 34 CLARK ST. APT 1
 City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

5. Street address of the corporation's principal office:
 No. and Street: 2323 WASHINGTON STREET
APARTMENT G-3
 City or Town: NEWTON State: MA Zip: 02462 Country: USA

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

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

7. Briefly describe the business of the corporation:
TRANSPORTATION

8. Capital stock of each class and series:

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

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

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

Filer's Contact Information

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

Contact Name: **RAJIV KUMAR**

Business Name:

No. and Street: **2323 WASHINGTON STREET**

APARTMENT G-3

City or Town: **NEWTON**

State: **MA**

Zip: **02462**

Country: **USA**

Contact Phone: **(781) 985-9461** ext:

Contact Email: **apathancps@gmail.com**

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

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

Please select delivery method for annual report notices:

Email

apathancps@gmail.com

Mail

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



CERTIFICATE OF REGISTRATION #409-23

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

EXTERNAL CODE LVN		REGISTRATION TYPE Livery Normal		PLATE NUMBER LV84072	EFFECTIVE DATE 22-Mar-2023	TITLE NUMBER	EXPIRES ON 28-Feb-2025
MODEL YEAR 2023	MAKE CADI	MODEL ESCALADE	MODEL NUMBER	BODY STYLE SUV	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 1GYS4KKL3PR261056	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER	
GARAGE ADDRESS 2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431						US DOT NUMBER FOR COMMERCIAL VEHICLE	
NAME(S) OF OWNER(S) AND MAILING ADDRESS OM SAI ENTERPRISES INC 2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431						INSURANCE COMPANY PROGRESSIVE CASUALTY INSURANCE COMPANY	
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE 6	
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	

Colleen J. O'Neil Registrar of Motor Vehicles

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.

A - ONE INSURANCE AG
1324 BELMONT STE 203
BROCKTON, MA 02301

Named insured

OM SAI ENTERPRISES OM SAI ENTERPRISES INC
2323 WASHINGTON STREET APT G3
NEWTON, MA 02462

Policy number: 02836523

Underwritten by:
Progressive Casualty Insurance Co
September 27, 2023
Policy Period: Nov 2, 2023 - Nov 2, 2024
Page 1 of 2

agent.progressive.com

Online Service

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

1-508-659-5969

A - ONE INSURANCE AG

Contact your agent for personalized service.

1-800-444-4487

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

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by November 2, 2023.

Your coverage begins on November 2, 2023 at 12:01 a.m. This policy expires on November 2, 2024 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 (02/19). The contract is modified by forms 2852MA (02/19), 1652MA (02/19), 4757MA (02/19), 4852MA (02/19), 4881MA (02/19) and 2228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$5,855
Compulsory Bodily Injury Liability	\$20,000 each person/\$40,000 each accident		
Compulsory Property Damage Liability	\$5,000 each accident		
Optional Bodily Injury / Property Damage	\$1,000,000 combined single limit		
Uninsured Motorist Bodily Injury	\$100,000 combined single limit		60
Underinsured Motorist Bodily Injury	\$100,000 combined single limit		102
Personal Injury Protection	\$8,000 limit per person	\$0	437
Medical Payments	\$5,000 each person		125
Comprehensive			1,510
See Auto Coverage Schedule	Limit of liability less deductible	-	
Collision			2,782
See Auto Coverage Schedule	Limit of liability less deductible		
Total 12 month policy premium			\$10,871

Rated drivers

1. RAJIV KUMAR

Auto coverage schedule

- 1. **2023 CADILLAC ESCALADE** Stated Amount: * \$97,350 (including Permanently Attached Equip)
VIN: **1GYS4KKL3PR261056** Garaging Zip Code: 02462 Radius: 200 miles
Personal use: N Body type: Sport Utility Vehicle

Liability Premium	Liability Premium	UM BI Premium	UIM BI Premium	PIP Premium	Med Pay Premium	
	\$5855	\$60	\$102	\$437	\$125	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Coll Waiver Deductible	Coll Waiver Premium		Auto Total
	\$1,000/\$0	\$1510	\$1,000	\$2782		\$10,871

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

Premium discounts

Policy	
02836523	Paid In Full
Vehicle	
2023 CADILLAC ESCALADE	Anti-Theft Device 3 and Passive Restraint

Loss Payee information

1, Loss Payee	Auto 1	
		BANK AMER AUTO FIN PO BOX 2475 CORAOPOLIS, PA 15108 2023 CADILLAC ESCALADE (1GYS4KKL3PR261056)

Company officers

[Signature]
President

[Signature]
Secretary



A - ONE INSURANCE AG
1324 BELMONT STE 203
BROCKTON, MA 02301

PROGRESSIVE #40923
COMMERCIAL

776358 4876 2 MB 0.561 PATLA07G 036 004876

Policy number: 02836523

Underwritten by:
Progressive Casualty Insurance Co
September 27, 2023
Policy Period: Nov 2, 2023 - Nov 2, 2024

OM SAI ENTERPRISES OM SAI ENTERPRISES INC
2323 WASHINGTON STREET APT G3
NEWTON, MA 02462



Renewal bill and policy information is enclosed

Thank you for being a Progressive customer

Please review your policy documents today

We send your renewal policy information early so that you have the opportunity to review it at your convenience. Your Commercial Auto Insurance Coverage Summary lists drivers, the autos insured, the coverages selected and the premiums by coverage.

Your current policy will expire on November 2, 2023 at 12:01 a.m. If we recently sent you a Cancel Notice because the remaining balance on your current policy has not been received please pay that amount by the due date to avoid policy cancellation. **This bill does not supersede any Cancellation Notice.** If you have already sent this payment - thank you. If you do not make this payment, the offer to renew this policy is withdrawn.

If you've scheduled a payment, it is not reflected in the amount due.

Premium and payment information

Renewal policy premium	\$10,871.00
Minimum amount due	\$10,871.00
Due date	November 2, 2023

To renew your policy, please pay at least the minimum amount due by the due date. To pay with a check or credit card by phone, call our Automated Billing Inquiry at 1-877-278-1615 or login to agent.progressive.com.

Please see reverse side for additional information.

Continued on back

Payment Coupon

Minimum amount due	\$10,871.00
Due date	November 2, 2023
Amount enclosed	\$

Policy number: 02836523

Policyholder:
OM SAI ENTERPRISES OM SAI ENTERPRISES INC

For immediate payment - go to agent.progressive.com or call 1-877-278-1615 and get instant confirmation.

If you pay by check, please allow 5 to 7 days for your payment to reach us. Write your policy number on the check and make it payable to Progressive Casualty Insurance Co.



PROGRESSIVE
DEPT 0561
CAROL STREAM IL 60132-0561

Do not write below this section of coupon.
CA-019Q0 Form QTCOVLTR (02/16)

056102836523 20019 1087100 1087100 5000513 8021942 003011022302

Access your policy online, anytime

Don't forget that you can always log in to your policy online to make changes, pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at agent.progressive.com.

What you should expect from an insurance company

For the next policy period, you will receive a discount for Paid In Full.

Please review your policy documents

Please review your policy documents for accuracy. If you need help or want to make changes, you can call us any time. You can also check your billing history, make a payment, print policy documents, update your policy, or check the status of a claim online.

Please review your enclosed Declarations Page to make sure each vehicle's Stated Amount reflects its current retail value, including any special or permanently attached equipment. It's important to have the correct Stated Amount value because, in the event of a total loss, we'll pay whichever is less: the Stated Amount or Actual Cash Value, less the deductible. If the Stated Amount is incorrect, please contact us to update your policy.

We appreciate your trust and look forward to serving you.

PATLA07G 004876 007 C 006 001 < 0391 >



Your ID Cards

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

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

Thank you for choosing Progressive.

/ FOLD PAGE ALONG PERFORATION AND TEAR /

INSURANCE IDENTIFICATION CARD - Massachusetts

Policy Number: 02836523 NAIC Number: 24260
 Effective Date: 11/02/2023 Expiration Date: 11/02/2024
 Policy Type: Commercial
 Insurer: Progressive Casualty Insurance Co 1-800-444-4487
 PO Box 94739 Cleveland, OH 44101

Named Insured(s):
 OM SAI ENTERPRISES OM SAI ENTERPRISES INC
Your Agent:
 A - ONE INSURANCE AG 1-508-659-5969
 1324 BELMONT STE 203
 BROCKTON, MA 02301

Year Make **Model** **VIN**
 2023 CADILLAC ESCALADE 1GY54KKL3PR261056

The ID card must be carried in the vehicle at all times.

THIS CARD LEFT BLANK INTENTIONALLY

-FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD-

/ FOLD PAGE ALONG PERFORATION AND TEAR /

PATLA07G 004876 007 5 001 001 < 0391 >



PROGRESSIVE

Form A024 (03/11)



OM SAI ENTERPRISES OM SAI ENTERPRISES INC

IF YOU'RE IN AN ACCIDENT

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

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

PROGRESSIVE

Form A024 (03/11)



OM SAI ENTERPRISES OM SAI ENTERPRISES INC

IF YOU'RE IN AN ACCIDENT

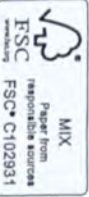
- 1. Remain at the scene. Don't admit fault.
- 2. Find a safe location, call the police, and exchange driver information.
- 3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.



Received \$25 payment
check #247

Dhanraj Mahase
275 Grove Street
Suite 2-400
Newton, MA 02466

requesting renewal of public auto
license for MHS Worldwide, LLC.

RECEIVED
2023 OCT 24 AM 9:10
CITY CLERK
NEWTON, MA. 02459

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

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

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

3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

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

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

Sole Proprietorship

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

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

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

No Partnership

8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

Dhanraj Mahase

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

Dhanraj Mahase
774-444-9888

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Dhanraj Mahase MHS Worldwide, LLC 275 Grove St Suite 2-400 Newton MA 02466 774-444-9888
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
info@mhsworldwide.com _____
(email address)

Please list below for each vehicle:

MASS. REG.# MEDALLION# VEHICLE ID # ODOMETER TAXI METER 1ST INSPECTION 2ND INSPECTION
TAXI/PA# (VIN) READING # (mileage & meter#) (mileage & meter#)

- 1. Lvn LvA5759 1GYS4JKL9PR162980 25,000 _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: MHS WORLDWIDE, LLC

Address: 275 GROVE ST SUITE 2-400

City/State/Zip: NEWON, MA 0246 Phone #: 774-444-9888

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input checked="" type="checkbox"/> Other <u>LIQUOR</u></p>
--	---

*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: [Handwritten Signature]

Date: 10-22-2023

Phone #: 774-444-9888

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

City or Town: _____ Permit/License # _____

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

Contact Person: _____ Phone #: _____



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

Certificate of Amendment

Identification Number: 001292539

The date of filing of the original certificate of organization: 9/27/2017

1.a. Exact name of the limited liability company: MAHASE LIVERY SERVICE, LLC

1.b. The exact name of the limited liability company as amended, is: MHS WORLDWIDE LLC

2a. Location of its principal office:

No. and Street: 275 GROVE ST.
2-400
City or Town: NEWTON State: MA Zip: 02466 Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: UNITED STATES CORPORATION AGENTS, INC.
No. and Street: 101 BILLERICA AVE., BLDG. 5, SUITE 204
City or Town: NORTH BILLERICA State: MA Zip: 01862 Country: USA

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

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>

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 <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>
SOC SIGNATORY	DHANRAJ MAHASE	123 ANTWERP ST., UNIT 414 BRIGHTON, MA 02135 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 <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>
REAL PROPERTY	DHANRAJ MAHASE	123 ANTWERP ST., UNIT 414 BRIGHTON, MA 02135 USA

9. Additional matters:

10. State the amendments to the certificate:

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS AMENDED TO: MHS WORLDWIDE LLC

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 8 Day of July, 2020,
DHANRAJ MAHASE , Signature of Authorized Signatory.**



CERTIFICATE OF REGISTRATION

#410-23

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 LVA5759		EFFECTIVE DATE 18-Nov-2022		TITLE NUMBER EXPIRES ON		30-Sep-2024	
MODEL YEAR 2023	MAKE CADI	MODEL ESCALADE	MODEL NUMBER	BODY STYLE SUV	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 1GYS4JKL9PR162980					
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
GARAGE ADDRESS 275 GROVE ST STE 2400 AUBURNDALE MA 02466-2273						US DOT NUMBER FOR COMMERCIAL VEHICLE					
NAME(S) OF OWNER(S) AND MAILING ADDRESS DHANRAJ MAHASE 275 GROVE ST STE 2-400 AUBURBDALE MA 02466-2273						INSURANCE COMPANY ARBELLA PROTECTION INSURANCE COMPANY					
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE					
						<i>Carissa J. O'Neil</i> Registrar of Motor Vehicles					
SPECIAL MESSAGE						CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE					

Important information for vehicle owners

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

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



CERTIFICATE OF LIABILITY INSURANCE

#410-23

DATE (MM/DD/YYYY)
10/20/2023

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

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


PRODUCER Lighthouse Insurance Agency, Ltd 540 Gallivan Blvd Ste 211 Dorchester MA 02124	CONTACT NAME: Meghan Tracy PHONE (A/C, No, Ext): (617) 464-3777 E-MAIL ADDRESS: meghan.tracy@lighthouseins.net	FAX (A/C, No): (617) 464-3888
	INSURER(S) AFFORDING COVERAGE	
INSURED MHS Worldwide LLC 275 Grove Street Suite 2-400 Newton MA 02466	INSURER A : Arbella Insurance	NAIC # 26077
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: CL21101544538 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	ADDITIONAL INSURED		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INS	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"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		1020123085	10/10/2023	10/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Massport is listed as Additional Insured.
2023 Cadillac Escalade (1GYS4JKL9PR162980) plate# LV5759
Driver: MAHASE, DHANRAJ LIC # S29804980

CERTIFICATE HOLDER Massport Authority 1 Harborside Drive Ste 200S East Boston MA 02228	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

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

#411-23
Received
10/24/23
\$2500
Check

October 24th, 2023

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

Dear City Council,

My name is Lahcene Belhouchet, the President of Boston Cool Ride Limo Inc. I would like to obtain a 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.

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

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):

corporation S

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

Belhouchet Lahcene, 32 Adams St Newton 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):

Boston Cool Ride Limo Inc
 Lahcene Belhouchet - President

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

Lahcene Belhouchet, President
 #6178693141

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Lahcene Belhouche / Boston Cool Ride Limo Inc / 32 Adams St Newton MA 02456

(Owner Name) (Company Name) (Company Address) (Company Phone Number)

be/houche@70email.com #617889314

Please list below for each vehicle:

MASS. REG.# MEDALLION # VEHICLE ID # ODOMETER TAXI METER 1ST INSPECTION 2ND INSPECTION
TAXI/PA # (VIN) READING SERIAL # (mileage & meter #) (mileage & meter #)

- 1. LV 65479 1GYS46LR 339279
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____



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

www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: Boston Cool Ride Limo Inc

Address: 32 Adams St Newton MA 02460

City/State/Zip: _____ Phone #: 6178693141

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

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

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

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

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

Signature: [Signature] Date: 10/24/2023

Phone #: 6178693141

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 #: _____



DBA

City of Newton-Office of the City Clerk
1000 Commonwealth Ave. Newton, MA 02459
2022

253
City Clerk's Use

\$35.00 Filing Fee
Requires Renewal Every 4 Years

In conformity with the provisions of Massachusetts General Law Chapter 110, Section 5, the undersigned hereby declares that a "Doing Business As", is being conducted under the name of: **Please Print**

Business Name	Boston Cool Ride Limo Inc		
Proposed Use	transportation		
Location of Business	32 Adams St Address	Newton City	MA 02460 State Zip code

Full name and address of owner:

Signature of either owner/president/treasurer:

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

On OCTOBER 6, 2022 the above-named individual personally appeared before me and made oath that the foregoing statement is true.

BELHOUCHE LAHCENE
555156931
7/8/26
MA LTC

Notary Public / City Clerk Agent

Commission Expiration/Seal

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

This certificate expires four [4] years from Date/Time stamp on back: OCTOBER 6, 2026

*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.

See Reverse



Attention:

To Be Completed By The Business Owner:

Was a "Home Business/Office Affidavit" completed by the businessowner/homeowner?

YES [owner choose one] NO

If the proposed business is located within a residence, owner will be required to file a "Home Business/Office Affidavit" with the Inspectional Services Department, thereby acknowledging compliance with Newton's Home Business/Office Ordinance.

Is the Business New, or a Renewal?

New	Renew <input checked="" type="checkbox"/>
-----	---

[owner choose one]

To Be Completed By Inspectional Services Department Official:

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

Zoning District ~~SQZ~~ MR1

Attest Initials/Date [Signature] / 10/6/22

Received in the City Clerk's Office

Book 61

Page 253

Entered in the records of business titles in the City Clerk's Office-City of Newton, Massachusetts

[Signature]

Newton City Clerk


Date & Time Stamp:

RECEIVED
 2022 OCT - 6 AM 9:46
 CITY CLERK
 NEWTON, MA 02459



CERTIFICATE OF REGISTRATION

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

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV65479	Effective Date 01-Oct-2022	Title Number CE610390	Expires On ➔	Month 09	Year 24
Model Year 2018	Make CADI	Model ESCALA	Model Number	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 1GYS4GKJ4JR339279	
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 32 ADAMS ST NEWTON MA 024601203					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  014050 *****AUTO**5-DIGIT 02456 LAHCENE BELHOUCHE 32 ADAMS ST NEWTON MA 02460-1203					Insurance Company SAFETY INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 8		
					Registrar of Motor Vehicles <i>Colleen J. O'Brien</i>		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

Important Information for Vehicle Owners

241465812

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

IMPORTANT: PEEL EXPIRATION DECAL & ADHERE TO TOP RIGHT OF THE REAR LICENSE PLATE.



BOSTCOO-01

#411-23

TSTEHL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/16/2023

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 Kovalev Insurance Agency, Inc. 188 Needham St Suite 220 Newton, MA 02464	CONTACT NAME: PHONE (A/C, No, Ext): (617) 562-6060 E-MAIL ADDRESS: insurance@kovalevinsurance.com	FAX (A/C, No): (617) 562-0990
	INSURER(S) AFFORDING COVERAGE	
INSURED LAHCENE BELHOUCHE dba BOSTON COOL RIDE LIMO INC 32 Adams St Newtonville, MA 02460	INSURER A : Safety Insurance Company	NAIC # 39454
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5925607	6/22/2023	6/22/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

Scheduled Vehicles:
2018 Cadi Escalade/1GYS4GKJ4JR339279

CERTIFICATE HOLDER

To Whom It May Concern

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
[Signature]

#412-23

Received

10/26/23

\$25.00
money order

Don's Car Service

~~395 Lexington Street
Auburndale, MA 02466~~

~~617-962-4446~~ 21 Parker St.
N. Centre, MA
02459

617-510-1485

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

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

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

Respectfully Submitted,

Don LaPlante

Donald LaPlante

**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 S. Laplante
2. Business Name: Dons car service
 Business Address: 21 Parker St. Newton Center ma, 02459
 Business Telephone Number: 617-510-1485
 email address: don's car service @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 S Laplante 21 Parker Street Newton Center apt 28 ma, 02459
7. If the business is a partnership, please state the name and address of each partner:
NO
8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):
NO
9. Please provide the name, title and business telephone number of the person to contact concerning complaints: Donald Laplante (owner) 617-510-1485

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Donald & Laplante Don's car service 21 Parker St. Newton center. m. 02459 617-510-1485 (Company Phone Number)

(Owner Name) (Company Name) (Company Address)

don's car service @live.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. 8TL428 14 5TDJZ3DC6H5166094 mi-98671 _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: Don's car service

Address: 21 Parker St

City/State/Zip: Newtoncenter ma 02459 Phone #: 617-510-1485

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

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

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

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

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

Signature: Donald Slapante Date: 10-17-2023

Phone #: _____

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____



Commonwealth of Massachusetts
City of Newton
Business Certificate

370
City Clerk's Use Only

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

Business Name	Dons Car Service		
Purposed Use	Phone, car service		
Location of Business	395 Lexington St.	Auburndale	MA 02466

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

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

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

Notary Public

My commission Expires: MA Drivers License Exp: 10/20/22
Verified by Mana Vasquez

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

This certificate expires: September 20, 2022
Date

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

#519-22

City of Newton



Setti D. Warren
Mayor

Inspectional Services Department

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

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

HOME BUSINESS/OFFICE AFFIDAVIT

BUSINESS NAME: Don's car service

PROPOSED USE: Phone and office use.

BUSINESS OWNER'S NAME: Donald LaPlante

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

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

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

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

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

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

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

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

Inspectional Services Department, Home Business/Office Affidavit, Page 2

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

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

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

Donald Laplante
SIGNATURE OF BUSINESS OWNER

10-20-1948
DATE

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

X Anna Likely
SIGNATURE OF HOME OWNER

10-20-17-48
DATE

ISD OFFICIAL

DATE

HEALTH DEPARTMENT (IF APPLICABLE)

DATE

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



CERTIFICATE OF REGISTRATION #412-23

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

Plate Type PAN	Registration Type PASSENGER NORMAL RED	Plate Number 8TL428	Effective Date 01-Sep-2020	Title Number CA403262	Expires On →	Month 08	Year 22
Model Year 2017	Make TOYT	Model SIENNA	Body Style VAN	Color(s) GRAY	Vehicle Identification Number 5TDJZ3DC6HS166094		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 395 LEXINGTON ST APT 3 AUBURNDALE MA 024661515					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address 015348 *****AUTO**5-DIGIT 02459 DONALD S LAPLANTE 395 LEXINGTON ST APT 3 AUBURNDALE MA 02466-1500					Insurance Company PROGRESSIVE DIRECT INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 7		
					Lessee/In Custody Of		
Special Message					Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage		

James Jenler Not Valid Without Official Signature of Registrar

Information for Vehicle Owners

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

221482095

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

Your ID Cards

Keep these cards handy—in your wallet or glove compartment—and contact us if you have a question or need to report a claim.

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

Thank you for choosing Progressive.

/ FOLD PAGE ALONG PERFORATION

INSURANCE IDENTIFICATION CARD - Massachusetts

Policy Number: 913391052 NAIC Number: 16322
Effective Date: 08/09/2023 Expiration Date: 02/09/2024
Insurer: Progressive Direct Insurance Co 1-800-776-4737
P.O. Box 31260 Tampa, FL 33631

Named Insured(s):

Donald S LaPlante

Alba LaPlante

Year Make Model VIN
2017 TOYOTA SIENNA STDJZ3DC6HS166094

FOLD FOLD

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

/ FOLD PAGE ALONG PERFORATION

CITY COUNCIL

371-23

CITY OF NEWTON

DOCKET REQUEST FORM

DEADLINE NOTICE: Council Rules require items to be docketed with the Clerk of the Council NO LATER THAN 7:45 P.M. ON THE MONDAY PRIOR TO A FULL COUNCIL MEETING.

To: Clerk of the City Council

Date: 11/9/23

From (Docketer): Councilor Downs

Address: 854 Chestnut St., Waban 02468

Phone: 617-378-8972

E-mail: adowns@newtonma.gov

Additional sponsors:

1. Please docket the following item (it will be edited for length if necessary):

Discussion of on-street parking for people with disability placards during the winter parking ban

2. The purpose and intended outcome of this item is:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Fact-finding & discussion | <input type="checkbox"/> Ordinance change |
| <input type="checkbox"/> Appropriation, transfer, | <input type="checkbox"/> Resolution |
| <input type="checkbox"/> Expenditure, or bond authorization | <input type="checkbox"/> License or renewal |
| <input type="checkbox"/> Special permit, site plan approval, | <input type="checkbox"/> Appointment confirmation |
| <input type="checkbox"/> Zone change (public hearing required) | <input type="checkbox"/> Other: _____ |

3. I recommend that this item be assigned to the following committees:

- | | | |
|--|---|--|
| <input type="checkbox"/> Programs & Services | <input type="checkbox"/> Finance | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Zoning & Planning | <input checked="" type="checkbox"/> Public Safety | <input type="checkbox"/> Special Committee |
| <input type="checkbox"/> Public Facilities | <input type="checkbox"/> Land Use | <input type="checkbox"/> No Opinion |

4. This item should be taken up in committee:

- Immediately (Emergency only, please). Please state nature of emergency:

end of term

- As soon as possible, preferably within a month
- In due course, at discretion of Committee Chair
- When certain materials are made available, as noted in 7 & 8 on reverse
- Following public hearing

*Lucas
Humphrey
Keller
Greenberg
Oliver
Abright
Wright
Krihtzma
Malakie
Grossman
Ryan*

PLEASE FILL OUT BOTH SIDES

5. I estimate that consideration of this item will require approximately:

- | | |
|---|--|
| <input checked="" type="checkbox"/> One half hour or less | <input type="checkbox"/> Up to one hour |
| <input type="checkbox"/> More than one hour | <input type="checkbox"/> An entire meeting |
| <input type="checkbox"/> More than one meeting | <input type="checkbox"/> Extended deliberation by subcommittee |

6. The following people should be notified and asked to attend deliberations on this item. (Please check those with whom you have already discussed the issue, especially relevant Department Heads):

City personnel

Citizens (include telephone numbers/email please)

- | | |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Jini Fairley _____ | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Sgt Michael Wade _____ | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Jonathan Yeo _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

7. The following background materials and/or drafts should be obtained or prepared by the Clerk's office prior to scheduling this item for discussion:

8. I have or intend to provide additional materials and/or undertake the following research independently prior to scheduling the item for discussion. *

(*Note to docketer: Please provide any additional materials beyond the foregoing to the Clerk's office by 2 p.m. on Friday before the upcoming Committee meeting when the item is scheduled to be discussed so that Councilors have a chance to review all relevant materials before a scheduled discussion.)

Please check the following:

9. I would like to discuss this item with the Chairman before any decision is made on how and when to proceed.
10. I would like the Clerk's office to contact me to confirm that this item has been docketed. My daytime phone number is:
11. I would like the Clerk's office to notify me when the Chairman has scheduled the item for discussion.

Thank you.

Andreae Downs

Signature of person docketing the item

[Please retain a copy for your own records]

Carol Moore

From: Emily Norton
Sent: Tuesday, August 8, 2023 11:26 PM
To: Carol Moore
Cc: Susan Albright; Tarik Lucas; David Koses
Subject: docket item re temporary parking permits

PS+T 

hi Carol, I'd like to docket the following, who should I send it to or can you please forward it:

Councilors Norton, Lucas, Albright requesting discussion and ordinance change to "19-49 Temporary parking permits" to give police more discretion in distributing temporary permits and reduce hardships especially on tradespersons and contractors.

This language:

(3) A temporary permit shall not excuse its holder from complying with all other parking restrictions and prohibitions posted by signage or otherwise in effect on the assigned street(s). The temporary permit provides relief from time restrictions only.

Would be replaced with this language:

(3) A temporary permit shall not excuse its holder from complying with all other parking restrictions and prohibitions posted by signage or otherwise in effect on the assigned street(s). Based on police judgment, a temporary permit may provide relief in areas where parking is otherwise restricted. In no case, however, would a temporary permit allow parking in an area where no parking is allowed at any time.

Thank you,

Emily

19-49 Temporary parking permits.

(a) The chief of police, [or their designee, at their discretion](#), is hereby authorized to issue a temporary parking permit to Newton residents or business owners, or those employed by Newton residents or business owners, who by reason of a unique hardship are unable to comply with a current time restriction on parking [or a current prohibition on parking for a specific time period](#). [Provided however that a temporary parking permit may not be issued in an area where parking is prohibited at all times](#). A temporary parking permit may be issued only for conditions that are temporary or short-term in duration. A temporary parking permit may be issued for a period of several days or weeks, but not longer than one month. The chief of police may renew a temporary parking permit for good cause for intervals of up to one month for a maximum of three months.

(b) Eligibility

(1) Candidates for temporary parking permits may include, but are not limited to: tradesmen who are employed by a Newton resident or business owner and are unable to secure off-street parking; residents who must park on the street due to construction-related activities preventing their use of off-street parking; temporary health or child care providers who are employed by a Newton resident and need relief from parking restrictions [or prohibitions](#) in order to provide care without interruption.

(2) Applicants must demonstrate that no alternative off-street parking is available to meet their needs [and that the temporary parking permit will not create a public safety hazard](#).

(3) Residents or business owners may be required to provide proof of residency or Newton business address. Those employed by Newton residents or business owners may be required to provide proof of such employment.

(c) Effect of Temporary Permit

(1) A temporary permit is valid only on a designated street(s) during the hours and dates specified.

(2) A temporary permit is valid only for the time period shown on the permit.

(3) A temporary permit shall not excuse its holder from complying with all other parking restrictions and prohibitions posted by signage or otherwise in effect on the assigned street(s). ~~The temporary permit provides relief from time restrictions only.~~

(4) A temporary parking permit shall not guarantee its holder that a parking space will be available when needed.

(d) Display of Temporary Permit

(1) A temporary parking permit in the form of a colored placard issued by the chief of police must be displayed on the dashboard of the driver side of the vehicle at all times the vehicle is parked in its designated area. A temporary permit that is not displayed in the required location shall not be a valid permit, and the vehicle will then be subject to all parking restrictions in the area.

(2) The holder of a temporary permit shall remove and destroy the permit upon its termination date.

(e) Temporary Parking Permit Fee

(1) An administrative fee of ten dollars (\$10.00) will be charged for the issuance or renewal of a temporary parking permit under this section.

(2) If the holder of the temporary parking permit occupies a metered public parking space, an additional daily per meter fee of five dollars (\$5.00) will be charged for the use of the metered parking space.

(3) All applicable fees shall be paid prior to issuance or renewal of the temporary parking permit.

(4) Subject to the approval of the city council, the chief of police may set and increase fees as necessary at any time to defray the reasonable costs of the temporary parking program. (Ord. No. Z-24, 04-22-08)

CITY OF NEWTON

DOCKET REQUEST FORM

DEADLINE NOTICE: Council Rules require items to be docketed with the Clerk of the Council NO LATER THAN 7:45 P.M. ON THE MONDAY PRIOR TO A FULL COUNCIL MEETING.

To: Clerk of the City Council

Date: 10/23/23

From (Docketer): Maria S Greenberg + Downs

Address: 108 Adams st

Phone: 617-817-6548 E-mail: msgreenberg@newtonma.gov

Additional sponsors: Andreae Downs

1. Please docket the following item (it will be edited for length if necessary):

Change in the winter parking ban ordinance to allow folks who have permits to park in city lots to be able to park in those lots during snow emergencies. To begin this winter 2023
Overnight

2. The purpose and intended outcome of this item is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Fact-finding & discussion | <input checked="" type="checkbox"/> Ordinance change |
| <input type="checkbox"/> Appropriation, transfer, | <input type="checkbox"/> Resolution |
| <input type="checkbox"/> Expenditure, or bond authorization | <input type="checkbox"/> License or renewal |
| <input type="checkbox"/> Special permit, site plan approval, | <input type="checkbox"/> Appointment confirmation |
| <input type="checkbox"/> Zone change (public hearing required) | <input type="checkbox"/> Other: _____ |

RECEIVED
2023 OCT 23 PM 2:28
CITY CLERK
NEWTON, MA. 02459

3. I recommend that this item be assigned to the following committees:

- | | | |
|--|---|--|
| <input type="checkbox"/> Programs & Services | <input type="checkbox"/> Finance | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Zoning & Planning | <input checked="" type="checkbox"/> Public Safety | <input type="checkbox"/> Special Committee |
| <input type="checkbox"/> Public Facilities | <input type="checkbox"/> Land Use | <input type="checkbox"/> No Opinion |

4. This item should be taken up in committee:

- Immediately (Emergency only, please). Please state nature of emergency:
Change to take affect Winter 2023
- As soon as possible, preferably within a month
- In due course, at discretion of Committee Chair
- When certain materials are made available, as noted in 7 & 8 on reverse
- Following public hearing

5. I estimate that consideration of this item will require approximately:

- One half hour or less
- More than one hour
- More than one meeting
- Up to one hour
- An entire meeting
- Extended deliberation by subcommittee

6. The following people should be notified and asked to attend deliberations on this item. (Please check those with whom you have already discussed the issue, especially relevant Department Heads):

City personnel

Citizens (include telephone numbers/email please)

- James Mcgonagle Shawna
- Jonah Temple Jen W.
- Shawna Sullivan M Wade?
- _____ Kases?
- _____ D. Doucetta?
- Josh Ostroff

- _____
- _____
- _____
- _____
- _____

7. The following background materials and/or drafts should be obtained or prepared by the Clerk's office prior to scheduling this item for discussion:

Current parking regulations for city lots

8. I have or intend to provide additional materials and/or undertake the following research independently prior to scheduling the item for discussion. *

(*Note to docketer: Please provide any additional materials beyond the foregoing to the Clerk's office by 2 p.m. on Friday before the upcoming Committee meeting when the item is scheduled to be discussed so that Councilors have a chance to review all relevant materials before a scheduled discussion.)

Please check the following:

- 9. I would like to discuss this item with the Chairman before any decision is made on how and when to proceed.
- 10. I would like the Clerk's office to contact me to confirm that this item has been docketed. My daytime phone number is:
- 11. I would like the Clerk's office to notify me when the Chairman has scheduled the item for discussion.

Thank you.

Maria Greenberg
Signature of person docketing the item

[Please retain a copy for your own records]

PS+T
#236-23
236-23

Discussion regarding safety measures in Newton Public Schools

COUNCILOR LIPOF requesting a discussion with the Chief of Police and pertinent staff to discuss the current training and protocols in place for safety preparedness in Newton Schools, ensuring a safe and secure environment for Newton students.

AND
Laredo
Danberg
Kalis
malakie
Ryan
Grossman
Wright
Lucas
Oliver
Krintzman
Albright

RECEIVED
2023 JUN -9 PM 3:42
CITY CLERK
NEWTON, MA. 02459