



Public Safety & Transportation Committee Agenda

City of Newton In City Council

Wednesday, April 3, 2024

7:00 PM

The Public Safety & Transportation Committee will hold this meeting as a virtual meeting on Wednesday, April 3, 2024 at 7:00 pm. To view this meeting using Zoom use this link <https://newtonma-gov.zoom.us/j/83183951974> or call 1-646-558-8656 and use the following Meeting ID: **831 8395 1974**

Items Scheduled for Discussion:

#144-24 **Requesting new public auto license**
VASIF VALI, 132 Charles Street #303, Newton, MA 02466 requesting one (1) new public auto license for Vali Bros Transportation LLC.

#162-24 **Requesting new public auto license**
ABDERRAHMANE FELLAH, 159 Washington Street #1, Newton MA 02458 requesting one (1) new public auto license for AB Inc.

Referred to Public Safety & Transportation Committee and Finance Committee

#150-24 **Recommendation to accept Massachusetts General Laws (MGL) Chapter 41, Section 100G.**

HER HONOR THE MAYOR requesting authorization to provide for the payment of funeral and burial expenses, not exceeding two thousand dollars (\$2,000), of any firefighter or police officer killed while in the performance of their duty, which procedurally means accepting Massachusetts General Laws (MGL) Chapter 41, Section 100G.

#153-24 **Requesting a discussion with the Police and School Departments on School Safety Protocols**

COUNCILORS GROSSMAN, ALBRIGHT, BIXBY, LIPOF, KALIS, LAREDO, LUCAS, MALAKIE, GREENBERG, LOBOVITS, DANBERG AND MICLEY requesting a discussion with Chief Carmichael and appropriate Newton

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.

Public Schools personnel regarding current school safety protocols and best practices Newton should consider, such as ALICE training.

Backup-

<https://drive.google.com/file/d/1MSoTv9JY4veoW9P3Qc0K6DPevrOoiYlr/view>

https://drive.google.com/file/d/1U6Aky_laXdcNsaixhBbj_M2nUmsZ-wx/view

#151-24 Requesting a discussion with the Police on Traffic Enforcement
COUNCILORS GROSSMAN, ALBRIGHT, BIXBY, LIPOF, KALIS, LAREDO, LUCAS, MALAKIE, GREENBERG, LOBOVITS, DANBERG, DOWNS AND MICLEY requesting a discussion with Chief Carmichael regarding the City's approach to traffic enforcement. Discussion to include staffing levels, policies, procedures, and best practices to enhance public safety and reduce the number and severity of crashes.

#152-24 Requesting a discussion with the Police on Body Cameras in the Newton Police Department
COUNCILORS GROSSMAN, LIPOF, BLOCK, LAREDO, HUMPHREY, LUCAS, GREENBERG, DANBERG, DOWNS, MICLEY, KRINTZMAN AND LOBOVITS requesting a discussion with Chief Carmichael on the current status of the use of body cameras in the Newton Police Department.

Respectfully submitted,

Becky Grossman, Chair

Vali Bros Transportation LLC
Vasif Vali, Manager
410 Langley Rd., apt 5, Newton/home
132 Charles St, #303, Newton/office

3/4/24
Received \$25
Credit card
Payment

RECEIVED
Newton City Clerk
2024 MAR -4 PM 2:56

March 4th, 2024

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

Dear City Council,

My name is Vasif Vali, the manager of Vali Bros Transportation LLC. I would like to obtain Public Auto licence to operate in Newton, MA.

Sincerely,

Vasif Vali



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

March 4, 2024 at 2:56 pm

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2024	1	VASSIF VALI	ONLINE	\$25.00
			AUTO DEALER LICENSE	1 x \$25.00	\$25.00
			SERVICE 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-10828566

Reference Code: 263655917/263655922

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

[Print Receipt](#)

[Return to ePOS Catalog](#)



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

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[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: Vasif Vali
- 2. Business Name: Vali Bros Transportation LLC
- Business Address: 132 Charles St. Newton - office
- Business Telephone Number: 857 498 1463
- email address: vasif.vali@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):

LLC

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

Vasif Vali

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):

Vali Bros Transportation LLC
 Vasif Vali - Manager

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

Vasif Vali, Manager
 857 498 1463

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: Vasif Vali / Vali Bros Transportation LLC / 132 Charles St., Newton / 857 498 1463
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
vasif.vali@gmail.com
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING <i>0 miles</i>	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 ND INSPECTION (mileage & meter #)
1. <u>LV A2294</u>		<u>1GNSKPKD9RR142938</u>				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Business/Organization Name: Vali Bros Transportation LLC

Address: 132 Charles St. Newton

City/State/Zip:

Phone #: 857 498 1463

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

Insurer's Address: P.O. Box 113247 Stamford, CT 06911

City/State/Zip: 06911

Policy # or Self-ins. Lic. # N9WC725194

Expiration Date: 02/26/2025

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: Kah

Date: 03/04/2024

Phone #: 857 498 1463

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
\$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 declare that a business is being conducted under the following name:

Business Name	Vali Bros Transportation LLC		
Business Use/Type	transportation		
Location of Business	132 Cheels St #303 Address	Newton City	MA 02460 State Zip code

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

Name	Vasif Vali	Signature [In presence of Notary or City Clerk Staff]	Vali	
Address	410 Langley Rd, apt 5	City	State	Zip code
		Newton	MA	02459
Name		Signature [In presence of Notary or City Clerk Staff]		
Address		City	State	Zip code
Name		Signature [In presence of Notary or City Clerk Staff]		
Address		City	State	Zip code

On March 4, 2024 the above-named client(s) personally appeared before me and made oath that the foregoing statement is true.

[Signature]
Notary Public / City Clerk Agent

PASSPORT C 02290293
(AZERBAIJAN)
exp. 2-27
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: March 4, 2028
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.

Is the business a home-based business and/or located within a residence?

YES ___ NO

If the proposed business is located within a residence, you must register your home-based business with the Inspectional Services Department prior to filing this Business Certificate with the Clerk.

Instructions for registering your home business can be found on the Inspectional Services Department webpage. This information must be completed online.

Is the business new or being renewed?

NEW RENEWAL ___

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:

MAN

Zoning District

BY 3-4-24

Attest Initials / Date

Received in the City Clerk's Office

63

Book

52

Page

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



Carol Moore
Newton City Clerk

Time Stamp

RECEIVED
2024 MAR -4 PM 2:45
CITY CLERK



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 LVA2294		EFFECTIVE DATE 07-Feb-2024		TITLE NUMBER		EXPIRES ON 30-Apr-2026	
MODEL YEAR 2024	MAKE CHEV	MODEL SUBURBAN	MODEL NUMBER CK1090	BODY STYLE SUV	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 1GNSKDKD9RR142938					
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
GARAGE ADDRESS 410 LANGLEY RD APT 5 NEWTON MA 02459-2375						US DOT NUMBER FOR COMMERCIAL VEHICLE					
NAME(S) OF OWNER(S) AND MAILING ADDRESS VALI BROS TRANSPORTATION LLC 410 LANGLEY RD APT 5 NEWTON MA 02459-2375						INSURANCE COMPANY ARBELLA PROTECTION 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					
						<i>Colleen J. Sylvia</i> 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.

Office / Agent: 46-0194
 Tax I.D. No.:
 Policy Number: 1020137413 01

**DECLARATIONS - MASSACHUSETTS
 BUSINESS AUTO COVERAGE FORM
 MM 00 97 09 98**



ITEM ONE- NAMED INSURED AND ADDRESS
 VALI BROS TRANSPORTATION LLC
 410 LANGLEY RD APT 5
 NEWTON, MA 02459

Producer Name and Address 46-0194
 GENE DVORKIN INS AGCY INC
 2001 BEACON ST
 BRIGHTON, MA 02135

POLICY PERIOD: Policy Covers FROM 02/07/2024 TO 02/07/2025 12:01 A.M. Standard Time at the Named
 Reason for Declaration: NEW BUSINESS Insured's Address stated above
 Named Insured's Business: LIMITED LIABILITY COMPANY DIRECT BILL
 Effective Date: 02/07/2024

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

LIABILITY INSURANCE

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIMIT The most we will pay for any accident or loss	PREMIUM
Compulsory Bodily Injury	7	20,000 Each Person 40,000 Each Accident	1,088
Personal Injury Protection	7	8,000 Each Person	328
Optional Bodily Injury and Property Damage (compulsory Limit 5,000)	7	1,000,000 Each Accident Combined Single Limit(CSL)	5,285
Auto Medical Payments Insurance		Each Person	
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	3
Underinsured Motorists	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	INCL

PHYSICAL DAMAGE INSURANCE

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage	7	SEE SCHEDULE Deductible	785
Specified Perils Coverage		Deductible	
Collision Coverage	7	SEE SCHEDULE Deductible	3,560
Limited Collision Coverage		Deductible	
Loss of Use-Rental Reimbursement	7	SEE SCHEDULE	213
Towing and Labor		For each disablement of a private passenger auto.	

Forms and Endorsements attached to this Coverage Form:

26 AP 1011 (07/99) CR 99 01 (08/18) MM 99 11 (10/11)
 26 AP 1102 (04/11) CR 99 04 (02/22) MM 99 17 (09/98)
 CA 00 01 (10/01) CR 99 05 (02/22) MM 99 23 (09/98)
 CA 23 86 (01/06) IL 00 17 (11/85) MM 99 39 (09/98)
 CA 24 02 (12/93) IL 00 21 (04/98) MM 99 54 (09/98)

PREMIUM FOR ENDORSEMENTS	
ADDITIONAL OR RETURN PREMIUM	
*ESTIMATED TOTAL PREMIUM	11,262

* This policy may be subject to final audit

Office / Agent: 46-0194
 Tax I.D. No.:
 Policy Number: 1020137413 01

**DECLARATIONS - MASSACHUSETTS
 BUSINESS AUTO COVERAGE FORM
 SCHEDULE - MM 00 97 09 98**

#144-24



ITEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN

VEHICLE INFORMATION

DESCRIPTION				
Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)	Original Cost New	Size GVW, GCW or Seating Capacity	Territory, City & State where the covered auto will be garaged
001	2024 CHEVROLET SUBURBAN K1500 Z71 OTHER 1GNSKDKD9RR142938	69,300		MA NEWTON

CLASSIFICATION								
Auto No.	Business use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip	Inspect Code	Loss of Use Amt/Days
001		11	1	42590	LOCAL			50/ 30 / / /

LIABILITY LIMITS (* Limit(s) in Thousands)												
Auto No.	Compulsory Bodily Injury (\$20,000/\$40,000) each pers./each acc.		Personal Injury Protection \$8,000 Each Person		Optional Bodily Injury and Property Damage (Compulsory Limit \$5,000)		Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
	Premium	Premium	*Limit	PD Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium	
001	1,088	328	1,000		5,285			20 40	3	20 40	INCL	

PHYSICAL DAMAGE											
Auto No.	@ Value Type and Limit		** Specified Perils			Comprehensive		Collision		Limited Collision	
			Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
001	ACV					500	785	500	3,560		

Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	** F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC - Combined Additional Coverage. *** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.
001			Y	213		

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.



CERTIFICATE OF LIABILITY INSURANCE

#144-24 (MM/DD/YYYY)
02/23/2024

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 BIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME:		
	PHONE (A/C, No., Ext): 844-472-0967	FAX (A/C, No.): 203-654-3613	
	E-MAIL ADDRESS: customerservice@biBERK.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Berkshire Hathaway Direct Insurance Company	10391	
	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
INSURED VALI BRO TRANSPORTATION LLC 410 Langley Rd Newton Center, MA 02459			

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"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$ 0
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 0
							MED EXP (Any one person)	\$ 0
							PERSONAL & ADV INJURY	\$ 0
							GENERAL AGGREGATE	\$ 0
							PRODUCTS - COMPI/OP AGG	\$ 0
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	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	N9WC725194	02/26/2024	02/26/2025	X PER STATUTE	
								OTH-ER
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
	Professional Liability (Errors & Omissions): Claims-Made						Per Occurrence/ Aggregate	

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

CERTIFICATE HOLDER **CANCELLATION**

VALI BRO TRANSPORTATION LLC 410 Langley Rd 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 <i>Kateh G...</i>
---	---



CERTIFICATE OF LIABILITY INSURANCE

#144-24

DATE (MM/DD/YYYY)

02/06/2024

PRODUCER GENE DVORKIN INSURANCE AGENCY INC. 2001 BEACON STREET BRIGHTON, MA 02135	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED VALI BROS TRANSPORTATION LLC 410 LANGLEY RD, APT 5 NEWTON, MA 02459	INSURER A: ARBELLA PROTECTION INS CO	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____ <input checked="" type="checkbox"/> \$500 DEDS COMP/COLL	NEW POLICY	02/06/2024	02/06/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000 000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EAACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ _____ \$ _____ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

2024 CHEV SUBURBAN, 1GNSKDKD9RR142938

ARBELLA PROTECTION INSURANCE COMPANY
 Gene Dvorkin Insurance Agency, Inc.

154

BY _____

CERTIFICATE HOLDER

VALI BROS TRANSPORTATION LLC
 410 LANGLEY RD, APT 5
 NEWTON, MA 02459

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



INSPECTIONAL SERVICES DEPARTMENT
CITY OF NEWTON
1000 COMMONWEALTH AVENUE
NEWTON, MA 02459-1449
617-796-1060

In accordance with the Massachusetts State Building Code 780 CMR

Certificate of Use and Occupancy

This building or tenant space, known as Vali Bros. Transportation, LLC

Certificate Issued: March 15, 2024

Located at 132 CHARLES ST AUB AUBURNDALE MA 02466

Occupant Load: 2

To be used as Livery/Transportation Business

Construction Type: VA

SBL: 41006 0014

Zoning Class: MAN

Usage Class: B

And erected under Building Permit BCT-24-10 issued March 7, 2024 has been erected in accordance with the requirements of the Massachusetts State Building Code, 780 CMR, 9th Edition, including the Usage Class, and the requirements of the Revised Zoning ordinances of the City of Newton as in effect on the date the Building Permit was issued, as they apply to buildings in the above Zoning Class, and may be used for such purposes as are permitted therein.

The issuance of an occupancy permit may trigger the issuance of a Supplemental Tax Bill under Massachusetts General Laws Chapter 59 Section 2D. Please contact the Assessor's Office at 617-796-1160 if you have any questions about this.

SPECIAL CONDITIONS:

Charles Lamplough
Building Inspector

Anthony Ciccariello
Anthony Ciccariello, Commissioner

RECEIVED
2024 MAR 18 PM 3:35
CITY CLERK
NEWTON, MA, 02459

#144-2424



INSPECTIONAL SERVICES DEPARTMENT
CITY OF NEWTON
1000 COMMONWEALTH AVENUE
NEWTON, MA 02459-1449
617-796-1069

Building Permit
Commercial Change
of Tenant Only

JOB WEATHER CARD

PERMIT # BCT-24-10

APPLICANT

Date Issued: **March 7, 2024**
Permit Fee: **\$100.00**
District Inspector: **Buddy Lamplough - 617-796-1069**

Vasif Vali
410 Langley Rd apt 5
Newton MA 02459
8574981463

PROPERTY

OWNER

Location: **132 CHARLES ST AUB
AUBURNDALE MA 02466**
Zoning District: **MAN**
SBL: **41006 0014**

WZ DNA LAB LLC
478 MAPLE ST
FRANKLIN MA 02038

PURPOSE

Name of tenant **Vali Bros Transportation LLC**
Unit/Suite Number: **303**
Livery Transportation Business

Estimated Cost: **\$**
Approved By: **Buddy Lamplough**
Inspectional Services Department

This permit conveys no right to occupy any street, alley or sidewalk or any part thereof, either temporarily or permanently. Encroachments on public property, not specifically permitted under the Building Code, must be approved by the jurisdiction. Street or alley grades as well as depth and location of public sewers must be obtained from the Department of Public Works. The issuance of this permit does not release the applicant from the conditions of any applicable sub-division restrictions.

PERSONS CONTRACTING WITH UNREGISTERED CONTRACTORS CAN'T ACCESS THE GUARANTY FUND

- Work shall not proceed until the inspector has approved the various stages of construction.
- Permit will become null and void if construction work is not started within six months of the permit Issue Date as noted above.

- Approved plans must be retained on job and job card kept posted until final inspection has been made. Where a certificate of occupancy is required, such building shall not be occupied until final inspection has been made and CO received.
- Where applicable separate permits are required for Electrical, Plumbing & Mechanical installations.

BUILDING INSPECTION APPROVALS

PLUMBING INSPECTION APPROVALS

ELECTRICAL INSPECTION APPROVALS

1. **3-15-24 FINAL**

1.

1.

2.

2.

2.

3.

3.

3.

OTHER

HEALTH DEPARTMENT APPROVAL
617-796-1420

FIRE DEPARTMENT APPROVAL
617-796-2230

3/13/24

Inspections indicated on this card can be arranged by telephone or written notification.
It is the responsibility of the individual that obtains the permit to make arrangements for all inspections.

POST THIS CARD SO IT IS VISIBLE FROM THE STREET

REQUIRED INSPECTIONS FOR CONSTRUCTION

All plans approved and stamped by the City of Newton MUST be on site and accessible during all inspections. If these plans are not on site, inspections will not take place and a re-inspection fee will be assessed.

1) EXCAVATION (New House/Addition Only)

- BOTTOM OF HOLE
- NO FOOTINGS OR CRUSHED STONE

2) PRIOR TO BACKFILL (New House/Addition Only)

- FOUNDATION POURED AND COATED IF REQUIRED (AS-BUILT MAY BE REQUESTED)
- REMOVAL OF ALL ORGANIC MATERIAL (SLAB ON GRADE OR CRAWL SPACE)
- ELECTRICAL BONDING INSPECTION (IF REQUIRED)

3) ROUGH ****IN ORDER TO SCHEDULE A ROUGH INSPECTION, THE FOLLOWING ITEMS MUST BE COMPLETE****

- JOB MUST BE WEATHER TIGHT
- PLUMBING AND ELECTRICAL ROUGH INSPECTIONS (CARD SIGNED)
- ORIGINAL AFFIDAVIT FOR ANY ENGINEERED LUMBER OR STEEL (BASED ON A SITE VISIT FROM THE DESIGN ENGINEER)
- ORIGINAL AS-BUILT FROM LAND SURVEYOR (BASED ON A SITE VISIT)
- ALL FIRESTOPPING MUST BE COMPLETE
- F.A.R. CALCULATION AND/OR 1/2 STORY CALCULATION FROM ARCHITECT OR ENGINEER

4) INSULATION

- ALL INSULATION COMPLETE AND VAPOR BARRIER INSTALLED
- ALL VENTING MUST BE COMPLETE

5) FINAL ****IN ORDER TO SCHEDULE A FINAL INSPECTION, THE FOLLOWING ITEMS MUST BE COMPLETE****

- PLUMBING AND ELECTRICAL FINAL INSPECTIONS (CARD SIGNED)
- FIRE DEPARTMENT FINAL INSPECTION, WHEN REQUIRED (CARD SIGNED)
- FINAL SIGN-OFF FROM ENGINEERING, PLANNING, CONSERVATION, HISTORIC AND HEALTH DEPARTMENT (WHEN REQUIRED)

A FINAL INSPECTION IS REQUIRED FOR ALL BUILDING PERMITS

SCHEDULING - WHEN READY, CALL THE DISTRICT INSPECTOR DIRECTLY THE DAY THE INSPECTION IS NEEDED BEFORE 8:00 A.M. TO SCHEDULE AN INSPECTION TIME.

ALAN GIFFORD	(617) 796-1066
BUDDY LAMPLOUGH	(617) 796-1069
PAUL NELSON	(617) 796-1068
PAUL GILBERT	(617) 796-1088

Note: All mechanical equipment, (i.e.) A/C compressors, pool equipment or back-up generators are NOT allowed to be in the required setback for your property.

Noise Ordinance:

Construction activity must comply with the City's Noise Ordinance. In general, construction noise may be generated only during the hours listed below. Refer to Newton Revised Ordinances, 2017, Sec. 20-13 (<https://www.newtonma.gov/government/law/city-ordinances-and-charter/-/folder-460>) for additional details and restrictions.

Monday - Friday	7 AM - 7 PM
Saturday	8 AM - 7 PM
Sunday & Holidays	Not permitted except by permit approved by the Mayor



NEWTON POLICE DEPARTMENT TRAFFIC BUREAU NEW/ANNUAL PUBLIC AUTO INSPECTION FORM

PA Company: Vali Bros Transportation LLC

Vehicle #: 1

Vehicle Make and Model: CHEVY SUBURBAN

Vehicle Year: 2024

Vehicle Registration: LVA 2294

Interior/Exterior

Seatbelts

Appearance Satisfactory () Non-Satisfactory
Cleanliness: Satisfactory () Non-Satisfactory
Mechanical Fitness: Satisfactory () Non-Satisfactory

In Working Order: Yes () No
In Plain View: Yes () No
Available for all Passengers: Yes () No

Vehicle Recordings

Odometer Reading: 77

VIN# 1GN5KDKD9RR142938

Newton PA Medallion# _____

Operating Odometer: Yes () No
Valid Inspection Sticker: Yes () No
Manufactured within last 10 years: Yes () No

Directional(s) Working: Yes () No
Brake Light(s) Working: Yes () No
Hazard Light(s) Working: Yes () No

Comments:

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

Yes () No

Officer Name: Schlezel #36732

Date of Inspection: 3/14/24

AB Inc.
159 Washington St, Apt 1
Newton, MA 02458
Tel: 617-229-9183

March 12, 2024

City Council
1000 Commonwealth Avenue
Newton Centre, MA 02459

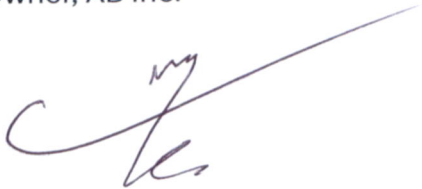
3/12/24
Received \$25.00
Check
1001

Dear Members of the City Council,

I am writing to you on behalf of AB Inc., located at 159 Washington St, Apt 1, Newton, MA 02458, to formally apply for a Public Auto License. Thank you for considering our application. I look forward to the opportunity to provide further information or to answer any questions the council might have regarding our application.

Sincerely,

Abderrahmane Fellah
Owner, AB Inc.



RECEIVED
Newton City Clerk
2024 MAR 12 PM 12:08

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: **ABDERRAHMANE FELLAH**
2. Business Name: **AB INC.**
Business Address: **159 Washington St, Apt 1, Newton, MA 02458**
Business Telephone Number: **617 229 9183**
email address: **Fellahabderrahmane@gmail.com**
3. Total number of Licenses: **First time applying for license**
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):

S corporation (one owner)

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

Abderrahmane Fellah

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):

ALL The same: Abderrahmane Fellah

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

name: Abderrahmane Fellah

title: CEO

Phone: 617 229 9183

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER: ABDerrahmane Fellah AB INL 159 Washington St, Newton 617 229 9183
(Owner Name) (Company Name) (Company Address) (Company Phone Number)
Fellah abderrahmane@gmail.com
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	79000 ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 ND INSPECTION (mileage & meter #)
1.		1FMJU1JT7MEAC0105				
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: AB INC

Address: 159 Washington St, apt 1, Newton, MA 02458

City/State/Zip: Newton, MA 02458 Phone #: 617 2299183

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: 03/12/2024

Phone #: 617 229 9183

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: \$250.00

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

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Identification Number: 001568913

ARTICLE I

The exact name of the corporation is:

AB INC

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

TRANSPORTATION.

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

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	1	\$0.00	1

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a later effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing.

Later Effective Date: Time:

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: ABDERRAHMANE FELLAH
No. and Street: 159 WASHINGTON ST
APT1
City or Town: NEWTON State: MA Zip: 02458 Country: USA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Table with 3 columns: Title, Individual Name, Address. Rows include President, Treasurer, Secretary, and Director, all for ABDERRAHMANE FELLAH at 159 WASHINGTON ST APT1 NEWTON, MA 02458 USA.

d. The fiscal year end (i.e., tax year) of the corporation: December

e. A brief description of the type of business in which the corporation intends to engage:

TRANSPORTATION,

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

No. and Street: 159 WASHINGTON ST
APT1
City or Town: NEWTON State: MA Zip: 02458 Country: USA

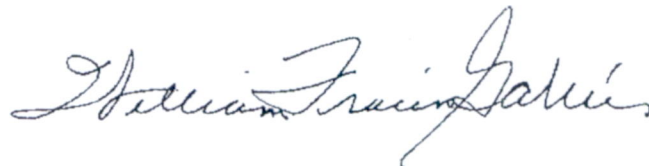
g. Street address where the records of the corporation required to be kept in the Commonwealth are

MA SOC Filing Number: 202213072610 Date: 3/14/2022 12:24:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

March 14, 2022 12:24 PM

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

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



REGISTRY OF MOTOR VEHICLES

#162-24

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 LV98248	Effective Date 01-Sep-2023	Title Number CE394050	Expires On →	Month 08	Year 25
Model Year 2021	Make FORD	Model EXPEDI	Model Number	Body Style UTIL	Color(s) BLACK	Vehicle Identification Number 1FMJU1J77MEA00105	
Residential Address (If Different than Mailing)						Total Registered Weight for Commercial Vehicle or Trailer	
Garage Address 159 WASHINGTON ST APT 1 NEWTON MA 024582260						US DOT Number for Commercial Vehicle	
Name(s) of Owner(s) and Mailing Address 2916 ABDERRAHMANE FELLAH 159 WASHINGTON ST APT 1 NEWTON, MA 02458-2260						1 Insurance Company LANCER INSURANCE COMPANY	
						Maximum Seating Capacity for Vehicles for Hire 7	
Lessee/In Custody Of						Registrar of Motor Vehicles <i>Colleen J. O'Neil</i>	
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.

250077749





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
#162-24 04/13/23

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 AAW Insurance Agency 373 Cambridge Street Allston, MA 02134	CONTACT NAME:		PHONE (A/C, No, Ext): 617-783-1010	FAX (A/C, No): 617-783-0010
	E-MAIL ADDRESS: YOUSSEF@aawinsurance.com			
INSURED Abderrahmane Fella DBA AB INC 159 Washington St Apt 1 Newton, MA 02458	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: LANCER INSURANCE CO			895
	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 <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			TDB	04/19/23	04/19/24	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? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

2021 FORD EXPEDITION
1FMJU1JT7MEA00105
LV98248

CERTIFICATE HOLDER**CANCELLATION**

UBER	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 AAW INSURANCE AGENCY

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NEWTON POLICE DEPARTMENT TRAFFIC BUREAU NEW/ANNUAL PUBLIC AUTO INSPECTION FORM

PA Company: AB Inc.

Vehicle #: 1

Vehicle Make and Model Ford Expedition

Vehicle Year: 2021

Vehicle Registration: LV98248

Interior/Exterior

Appearance Satisfactory () Non-Satisfactory
Cleanliness: Satisfactory () Non-Satisfactory
Mechanical Fitness: Satisfactory () Non-Satisfactory

Seatbelts

In Working Order: Yes () No
In Plain View: Yes () No
Available for all Passengers: Yes () No

Vehicle Recordings

Odometer Reading: 80444 VIN# 1FMSJUL1T7ME A00105

Newton PA Medallion# _____

Operating Odometer: Yes () No
Valid Inspection Sticker: Yes () No
Manufactured within last 10 years: Yes () No

Directional(s) Working: Yes () No
Brake Light(s) Working: Yes () No
Hazard Light(s) Working: Yes () No

Comments:

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

Yes () No

Officer Name: Schlegel # 30732

Date of Inspection: 3/18/24



Ruthanne Fuller
Mayor

City of Newton, Massachusetts
Office of the Mayor

#150-24
Telephone
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March 11, 2024

Honorable City Council
Newton City Hall
1000 Commonwealth Avenue
Newton Centre, MA 02459

Councilors:

I respectfully submit a docket item to your Honorable Council requesting authorization to provide for the payment of funeral and burial expenses, not exceeding two thousand dollars (\$2,000), of any firefighter or police officer killed while in the performance of their duty, which procedurally means accepting Massachusetts General Laws (MGL) Chapter 41, Section 100G.

Attached to this docket item you will find a draft ordinance as well as MGL 41, 100G. Per State Law, Newton's acceptance requires the majority vote of the City Council with the approval of the Mayor.

Thank you for your consideration of this matter.

Sincerely,

Ruthanne Fuller
Mayor

CITY OF NEWTON

IN CITY COUNCIL

ORDINANCE NO.

March 11, 2024

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF NEWTON That:

Section 100G of Massachusetts General Laws Chapter 41 be and is hereby accepted allowing for the for the payment of funeral and burial expenses, not exceeding two thousand dollars (\$2,000), of any firefighter or police officer killed while in the performance of their duty.

Approved as to legal form and character:

City Solicitor

Under Suspension of Rules
Readings Waived and Adopted

EXECUTIVE DEPARTMENT
Approved:

City Clerk

Mayor

Part I	ADMINISTRATION OF THE GOVERNMENT
Title VII	CITIES, TOWNS AND DISTRICTS
Chapter 41	OFFICERS AND EMPLOYEES OF CITIES, TOWNS AND DISTRICTS
Section 100G	PAYMENT OF FUNERAL AND BURIAL EXPENSES OF FIRE FIGHTERS AND POLICE OFFICERS KILLED IN PERFORMANCE OF DUTIES; ACCEPTANCE OF SECTION

Section 100G. Any city operating under a Plan D or Plan E charter, by the affirmative vote of a majority of its city council or any other city, by a majority vote of its city council with the approval of its mayor, and any town, by a majority vote at an annual or special town meeting, shall pay the reasonable expense, not exceeding two thousand dollars, of the funeral and burial of any firefighter who while in the performance of his duty and as a result of an accident while responding to or returning from an alarm or fire or any emergency or as the result of an accident involving a fire department vehicle, which the firefighter is operating or in which he is riding or while at the scene of a fire or any emergency is killed or sustains injuries which result in his death, or of any police officer who while in the performance of his duty and as the result of an assault on his person, or a result of an accident while responding to an emergency while in the performance of his official duty or as result of an accident involving a police department vehicle which he is operating or in which he is riding is killed or sustains injuries which result in his death. The provisions of this section shall become effective in a city or town when accepted by such city or town.