

Public Safety & Transportation Committee Agenda

City of Newton In City Council

SPECIAL MEETING

Monday, December 9, 2019

6:30 PM Room 205

Items Scheduled for Discussion:

#402-19	Requesting renewal of bus license for Lasell University VPNE Parking Solutions, LLC, requesting biennial renewal of one (1) bus license for Lasell University.
#403-19	Requesting new public auto license <u>Michael Gimmelfarb</u> , 274 Dedham Street, Newton, MA 02461 requesting one (1) new public auto license for American Truck & Equipment, LLC.
#404-19	Requesting new public auto license <u>DHANRAJ MAHASE</u> , 275 Grove Street, 2-400, Newton, MA 02466 requesting one (1) new public auto license for Mahase Livery Services, LLC.
#405-19	Requesting renewal of public auto license <u>DHANRAJ MAHASE</u> , 275 Grove Street, 2-400, Newton, MA 02466 requesting renewal of one (1) public auto license for Mahase Livery Services, LLC.
#406-19	Requesting renewal of public auto license <u>DONALD LAPLANTE</u> , 395 Lexington Street, Apt. 3, Auburndale, MA 02466 requesting renewal of one (1) public auto license for Don's Car Service.
#407-19	Requesting renewals of taxi licenses <u>MICHAEL ANTONELIS,</u> 224 Calvary Street, Waltham, MA 02453, requesting renewal of thirty-seven (37) taxi licenses for Veterans Taxi of Newton, LLC.

The location of this meeting is accessible and reasonable accommodations will be provided to persons with disabilities who require assistance. If you need a reasonable accommodation, please contact the city of Newton's ADA Coordinator, Jini Fairley, at least two business days in advance of the meeting: <u>ifairley@newtonma.gov</u> 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 Safety & Transportation Committee Agenda Monday, December 9, 2019 page 2

- #408-19
 Requesting renewals of taxi licenses

 GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of one (1) taxi license for HOLDEN'S TAXI, INC. MEDALLION #60
- #409-19
 Requesting renewals of taxi licenses

 GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of two (2) taxi licenses for NEWTONVILLE CAB CO, INC.
- #410-19
 Requesting renewals of taxi licenses

 GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of one (1) taxi license for NEWTON TAXI CO.

Respectfully submitted,

Allan Ciccone, Jr. Chair



#402-19 #402-19 Received \$10,00 Chech # 3 November 8, 2018 39802

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

Thank you for your consideration.

Tom Ayling

Operations Manager VPNE Parking Solutions, LLC

8 - AON 6102 ion, MA O -. UISO. PH 1:40

BUS LICENSE RENEWAL APPLICATION

(Company Name) (Company Address) (Company Phone Number) BUS LICENSE HOLDER: Kevin Lean (Owner Name) 2 vpne. com 617-451-1393 (email address Please list below for each Bus: **VEHICLE REGISTRATION # VEHICLE ID # ODOMETER** (805 1301) READING (VIN) - LV75327 IFPEE3FLXGDC32162 - 564215 LV75337 IFDEE3FL5GDC32165 (Bus 1302) * Pock 10 only * 48304

Commonwealth Avenue AUBURNDALE Con sy . West New Norumbega Park O 30 Auburndale 🖸 Auburn St 30) Auburn St Augum St 1 Lasell College 10 assectusetts Turnpike (Toll road) dlar 0 nd Rd 30 Brook 16 (30) Hope 3 7 12 Recreation Pr Riverside WOODLAND Woodland Newton-Wellesley @ Hospital NEWTON LOWER FALLS Beacon St Cornell St 2 10



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9:50 PM Drop Only Drop Onl			

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4:50 PM				Drop Only				L				Law and	

AM Driver:

PM Driver:





Lasell Shuttle Ridership: Sunday

Date:

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4:50 PM				DROP ONLY									

Driver:

#402-19

#579-18

The Commonwealth of Massachusetts Department of Industrial Accidents I Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gow/dia Workers' Compensation Insurance Affidavit: General Businesses.
Department of Industrial Accidents I Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gov/dia
Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gov/dia
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I Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gov/dia
Boston, MA 02114-2017 www.mass.gov/dia
www.mass.gov/dia
Workers' Componention Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.
Applicant mitor mation
Business/Organization Name: VPNE YARKING SOUTIONS
Address: 343 CONGRESS ST BOSTON, MA
City/State/Zip: BOSTON MA 02210 Phone #: 617-1451-1393
Are you an employer? Check the appropriate box:
I TA I am a comployer with (+0° comployees (full and/)) - L touin
or part-time).*
 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. 7. Office and/or Sales (incl. real estate, auto, etc.) 8. Non-profit
No workers' comp. insurance required
3 We are a corporation and its officers have exercised 9. Canet animent
their right of exemption per c. 152, §1(4), and we have 1 10. Manufacturing
no employees. [No workers' comp. insurance required]** 4. We are a non-profit organization, staffed by volunteers, 12. Other Shaff(& SVC+ Part-) was
the semployees No workers' comp, insurance red.
*Any applicant that checks box #1 must also fill out the section below showing men workers compensation policy in required and such an **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/Tim: Boston, Mt
(1/1) $(1/1)$ $(1/2)$ $(1/2)$ $(1/2)$ $(1/2)$ $(1/2)$ $(1/2)$
Policy # or Self-ins. Lic. # A + 6 10 26 22 8 20 1 b Expiration Date:
Policy # or Self-ins. Lic. # O 1 / Contraction page (showing the policy number and expiration date). Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
Policy # or Self-ins. Lic. #
Policy # or Self-ins. Lie. #
Policy # or Self-ins. Lie. #
Policy # or Self-ins. Lie. #

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LVN	EGISTRATION NUMBER		TATION TYI	™ IVERY	effective dat 08/01	-	EXPIRES LAST DAY OF		молтн 07	year 20	1	CTION NUMBER	291827
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	TION NUMBER BFL5GDC32 DRESS (IF DIFFEREN			JIB MUT FIF	RE INS	TITLE NUMI BR	659304	REGISTRAR	, C.	Jur	ny	MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 14	
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SPECIAL MESSAGE		NSPECTE	ED WI	EWLY ACQUIRE THIN SEVEN (I.	•		INGE OF ADDRESS	<u></u>					

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

 <u>No Insurance Card Required</u>: Massachusetts's law does <u>not</u> require an insurance card. The law, M.G..L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for bodily injury coverage and property damage insurance. An insurer is required by law to electronically notify the RMV if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.

• <u>Transferring Your Plates</u>: Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration section on the RMV's website at <u>www.massrmv.com</u> for more information.

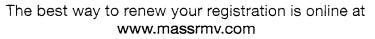
PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.

200610794

- 2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
- 3. Firmly rub the decal to adhere it to the plate.

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





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#402-19

#579-18

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- Cancel the registration plates if:

- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the Bill of Sale, Title, and completed Reassignment of Title for your records to document the transfer.

- You move to another state and you register the vehicle in that state.
- The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

 No insurance Card Recuired: Messachusetts's law does not require an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for a section 34A. bodily injury coverage and property demage insurance. An insure is required by law to electronically notify the RMV if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.

• <u>Transferring Your Plates</u>; Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration section on the RMV's website at <u>www.masarmv.com</u> for more information.

PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.

200610793

2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.

3. Firmly rub the decal to adhere it to the plate.

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

The best way to renew your registration is online at www.massrmv.com



Vehicle inspection Report



: 10.6%

Please Review This Important Information

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Your vehicle has PASSED both its MASSACHUSETTS COMMERCIAL MOTOR VEHICLE SAFETY TEST and its EMISSIONS TEST.

The results are summarized in this report. Keep a copy of the inspection documents with the vehicle as required by the Federal Motor Vehicle Safety Regulations for Inspection, Repair and Maintenance (49 CFR 396.21). Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 1-844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from 7 a.m. to 8 p.m. on Tuesday and Thursday.

Overall Result: Safety Result Emissions Result Start Test Date/Time Test Type Sticker Number Inspection Type Inspection Counter	PASS PASS 8/26/2019 11:30 AM 8/26/2019 11:36 AM Regular 202922187 Initial 1	Vehicle Informati VIN License Plate Plate Type/State Vehicle Type Year / Make Model Fuel Type Engine Cyl / Size GVWR Odometer	1FDEE3FLXGD LV75327 LVN / MA BUS 2016 Ford E-Series Chassis FLEXIBLE 8 / 5.4L 14000 55760	8	DORCHESTER TIR 1160 DORCHESTE DORCHESTER (617) 436-0900 Station Number Workstation Number Inspector Number	R AVE MA	PB005235 MAW00001402 *****8471
See Page 2 of this Commercial Vehicle S		and the second sec	S	ase Inspect tation Labor spection T otal Inspec	or Rate ime		per hour hour(s)

On-Board Diagnostic (OBD) Fampering Check Connector Result	PASS	Catalyst Heater	UNSUPPORTED	OBD Additional Data Miss Since Code Clearing 22364 Warm-Ups Since Code Clearing 14.1
PM Result (ey-On BulbCheck	N/A	Evaporative System Secondary Air System A/C System	UNSUPPORTED UNSUPPORTED	ORD Disgoostic Trouble Codes
ingine-Running Bulb Check Scan Tool Check Communication Result	PASS	Oxygen Sensor Oxygen Sensor Heater	READY READY UNSUPPORTED	
MIL Status Result Readiness Result	PASS	EGR and/or VVT System	WHO CE POILING	OBD Permanent Fault Codes
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343 CONGRE BOSTON, MA USDOT: 2068	, 02210 3338	Phone#:	617)451-13	93	Driver: License#: Date of B CoDriver:	irth:				tate:
MC/MX#: 725 State#: Location: H-E Highway: County: SUF	BOSTON	Fax#:	C	lilepos)rigin:	License#: Date of B st: BOSTON, ition: BOS	irth: Shipper: N MA	I /A		.ading: N/A PASSENGEF	tate:
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<u>Report Prepared By:</u> W. Barry	Badge #. 0004	Copy Received By:
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<u>Report Prepared By:</u> W. Barry	<u>Badge #:</u> 0004	Copy Received By:	
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#402ACHELRUBIN

DATE (MM/DD/YYYY) 10/9/2019

L	ACORD
	THIS CERTIFICATE IS IS CERTIFICATE DOES NO BELOW. THIS CERTIFIC REPRESENTATIVE OR PE

CERTIFICATE OF LIABILITY INSURANCE

SSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS IT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES CATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED RODUCER, 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	CONTACT LINDA BOGARDUS				
NFP Property & Casualty Services, Inc. PO Box 2127	PHONE (A/C, No, Ext): (802) 651-3340 FAX (A/C, No):(1	802) 658-9419			
620 Hinesburg Road	E-MAIL ADDREss: linda.bogardus@nfp.com				
South Burlington, VT 05407	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Liberty Mutual Fire Insurance Co	23035			
INSURED	INSURER B : Liberty Insurance Corp	42404			
VPNE Parking Solutions, LLC	INSURER C: Ohio Security Insurance Company	24082			
343 Congress Street, 3rd Floor	INSURER D : Liberty Mutual Insurance Company	23043			
Boston, MA 02210					
	INSURER F :				

C	OVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
		POLICIES OF INSURANCE LISTED BELOW HAVE	E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
	INDICATED NOTWITHSTANDING	S ANY REQUIREMENT. TERM OR CONDITION OF	F 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 C	OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEE	N REDUCED BY PAID CLAIMS.

INSR	1	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
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								MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
		N'L AGGREGATE LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	GE	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
í									\$	
A	AU							COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
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i		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
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	-]					\$	
В	X							EACH OCCURRENCE	\$	25,000,000
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-					WA7-61D262282-019	10/8/2019	10/8/2020	E.L. EACH ACCIDENT	\$	1,000,000
	ÔF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	1,000,000
c	_	SCRIPTION OF OPERATIONS Delow			BKS-20-57599096	10/8/2019	10/8/2020	ALS up to 12 months		1,124,864
		nployee Dishonesty		1	FI4NABVKYR001	10/8/2019	10/8/2020	\$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: Liberty Mutual Fire Ins Co. #AS2-611-262282-039

Term 10/08/19 to 10/08/20

Primary \$1,000,000 Limit with \$10,000 ded Comp & Collision included on the auto policy.

Garage Liability/ All States Policy: Liberty Mutual Fire Ins Co. #AS2-611-262282-039 Term 10/08/19 to 10/08/20 \$1,000,000 Limit

CERTIFICATE HOLDER	CANCELLATION
Lasell College 1844 Commonwealth Avenue Newton, MA 02466-2716	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 Mill T Will

The ACORD name and logo are registered marks of ACORD

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ACORD'

AGENCY CUSTOMER ID: VPNEPAR-01

LOC #: 1

#402-19HELRUBIN

Page 1 of 1

ADDITIONAL REMARKS SCHEDULE

	NAMED INSURED VPNE Parking Solutions, LLC 343 Congress Street, 3rd Floor	
POLICY NUMBER		Boston, MA 02210
NAIC CODE		
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1
		343 Congress Street, 3rd Floor Boston, MA 02210 NAIC CODE

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:

MA Garagekeepers: #2705396 Term 11/10/2018 to 11/10/2019 \$1,000,000 Max Limit for all locations scheduled with \$1,250 Max Deductible Comp & Collision

Professional Errors & Omissions: #003312302 Term 10/08/19 to 10/08/20 \$1,000,000 Limit with \$5,000 Retention

Excess Umbrella - XL Insurance America Inc. #US00094843LI19A Term 10/08/19 to 10/08/20 \$15,000,000 each occur/Aggregate with \$10,000,000 Retention

Re: Shuttle Services Lasell College is listed as Additional Insured under the General Liability per CGL Form 2010 04/13, when required by written contract agreement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

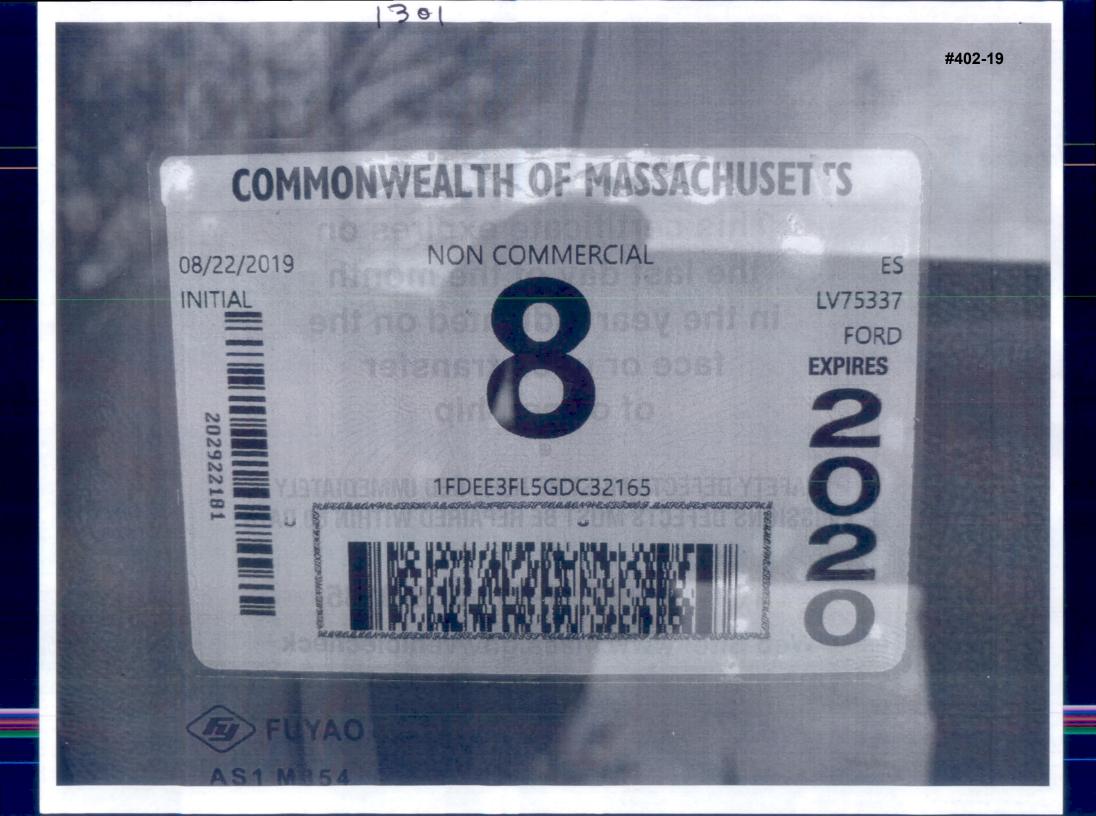
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
All persons or organizations who you are required to name as Additional Insured per written contract or agreement, prior to an "occurrence" or offense	Any location listed in such agreement
Information required to complete this Schedule, if not sho	wn above, will be shown in the Declarations.

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10-31-19. American Truck a Equipment SALES, LLC #403-19 274 Decham st Newton MA. 02461 Keceived 617-834-5964 Michael Gimmelfarb \$25 cash Dwner.

To whoum it my concern! I'm requesting one (1) public Auto transport license

Thanks! Michael Gimmelfarb M.G

019 OCT 31 AM II: 4

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 Gimme Gene
- 2. Business Name: American Fruck & Equipment saler Business Address: 274 Dedkam 3t New ton MA-02461 Business Teles Business Telephone Number: 617-834-5964 email address: mgim avenizon net
- 3. Total number of Licenses:

PUBLIC AUTO = f

TAXI LICENSE =

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

NIA

- 5. Please specify the type of business entity (sole proprietorship, partnership or corporation): 1LC-

6. If the business is a sole proprietor, please state the full name and address of the owner: Michael Gimmelfard 274 Dedham st Newton MA. 02461

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

NA

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):

NA

9. Please provide the name, title and business telephone number of the person to contact concerning complaints: Michael Gimmelfard 617-834-5964

TAXI LICENSE/PUBLIC AUTO APPLICATION

LICENSE HOLDER:	Michael Gim	melfarb An	nerican Gruch	& Equipmen	it 617.	- 834 - 5964
	(Owner Name)	/ (Comp	any Name)	(Company Addr	ess) (Co	mpany Phone Number)
	Mgima 1/02.	zon.net				
Please list below for ea	ch vehicle:					
MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 ST INSPECTION (mileage & meter #)	2 nd INSPECTION (mileage & meter #)
1. LV. 76277	7	BAFLEES	SA687895	ISOK	·	
2. MB	GL350					
3				<u></u>		
4						
5	- 1454					
<u>6.</u>	<u></u>					
7						
8						
9						
10.			······			

The Commonwealth	of Massachusetts
Department of Ind	
1 Congress Stre	
Boston, MA (-
www.mass	.gov/dia
Workers' Compensation Insurance	
TO BE FILED WITH THE PE Applicant Information	Please Print Legibly
Business/Organization Name:	:
Address:	
City/State/Zip:	Phone #:
Are you an employer? Check the appropriate box:	Business Type (required):
1. I am a employer with employees (full and/	5. 🗌 Retail
or part-time).* 2. I am a sole proprietor or partnership and have no	6. Restaurant/Bar/Eating Establishment
employees working for me in any capacity.	7. Office and/or Sales (incl. real estate, auto, etc.)
[No workers' comp. insurance required]	8. Non-profit
3. We are a corporation and its officers have exercised	9. Entertainment
their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**	10. Manufacturing
4. We are a non-profit organization, staffed by volunteers,	11. Health Care
with no employees. [No workers' comp. insurance req.]	12. Other
*Any applicant that checks box #1 must also fill out the section below showing the **If the corporate officers have exempted themselves, but the corporation has other	ir workers' compensation policy information. r employees, a workers' compensation policy is required and such an
organization should check box #1.	and for any family of the second s
I am an employer that is providing workers' compensation insure	
Insurance Company Name:	
Insurer's Address:	
City/State/Zip: I don't have	oue M.C.
Policy # or Self-ins. Lic. #	page (showing the policy number and expiration date).
Failure to secure coverage as required under Section 25A of MGL	
fine up to \$1,500.00 and/or one-year imprisonment, as well as civi	l 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 Investigations of the DIA for insurance coverage verification.	of this statement may be forwarded to the Office of
I do hereby certify, under the pains and penalties of perjury that	the information provided above is true and correct.
Signature:	Date:
Phone #:	
Official use only. Do not write in this area, to be completed by	o city or town official.
City or Town: Per	mit/License #
Issuing Authority (circle one):	
1. Board of Health 2. Building Department 3. City/Town Cl 6. Other	lerk 4. Licensing Board 5. Selectmen's Office
	Phone #:
Contact Person:	
www.mass.g	jov/dia

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

Date of this notice: 08-05-2008

Employer Identification Number: 26-3114478

Form: SS-4

Number of this notice: CP 575 B

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

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

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

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

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

Form 1065

04/15/2009

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

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

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

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

	n Francis Galvin ry of the Commonwealth o	f Massachusetts									
orporation	ns Division										
Business E	ntity Summary										
ID Number: 2631	14478	Request certificate New search									
Summary for: AM	ERICAN TRUCK & EQUIPME	NT 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 Nu	nber: 263114478	Old ID Number: 000983751									
Date of Organizat 06-2008	ion in Massachusetts: 08-										
		Last date certain:									
The location or ac location or address		e maintained (A PO box is not a valid									
Address: 274 DED	IAM STREET										
City or town, State, Country:	Zip code, NEWTON, MA	A 02461 USA									
The name and add	dress of the Resident Agent	•									
Name: MICHAEL	GIMMELFARB										
Address: 274 DED	HAM ST.										
City or town, State, Country:	Zip code, NEWTON, M	A 02461 USA									
The name and bu	siness address of each Man	ager:									
Title	Individual name	Address									
MANAGER	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA									
In addition to the authorized to exe	manager(s), the name and cute documents to be filed	business address of the person(s) with the Corporations Division:									
Title	Individual name	Address									
SOC SIGNATORY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA									
The name and bu deliver, and reco property:	siness address of the perso d any recordable instrumer	n(s) authorized to execute, acknowledge, nt purporting to affect an interest in real									
Title	Individual name	Address									
REAL PROPERTY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA									

And a second second	ASSDOT		RTIFIC/ hapter 90 Sect		-					_	₽₩₩¥	livision	
PLATE TYPE	REGISTRATION NUMBER	REGISTRATION TY	PE	EFFECTIVE DAT	E	EXPIRES		MONTH	YEAR TRANS		ACTION NUMBER		
LVN	LV76277	I	IVERY	08/01	/19	LAST DAY OF	▶ 07 21			9	92917600007093		
MFRS MODEL YEA		MODEL GL350	BODY STYLE/TYPE SUV	COLOR	BLA	CK	54 C 143 M C 165	lid witho ture of R	10 M + M M + M	949. J. C. S. S.	IF VEHICLE CARRYING PASSENGERS FOR HIRE:	TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.	
	ICATION NUMBER	895 . \$	GE COMPANY SAFETY INSU	86A 2494584		s C.	Jury	ny	MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 5				
NAME(S) OF OWN	014153 * AMERICAN 274 DEDH	 	HIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				FEES	SALES	L PLATES		().00).00).00).00).00	
		REGIST	TTS DEPARTM RY OF MOTOR database constitute	VEHICLE	S DIVI	SION	-						
SPECIAL MESSAG		SPECTED WI	EWLY ACQUIRED THIN SEVEN (7	-		NGE OF ADDRESS		•					
			-		CIT	Y. STATE. ZIP CODE							

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

 <u>No Insurance Card Required</u>: Massachusetts's law does <u>not</u> require an Insurance card. The law, M.G..L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle insurance policy or bond for bodily injury coverage and property damage insurance. An insurer is required by law to electronically notify the RMV if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.

• <u>Transferring Your Plates</u>: Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration section on the RMV's website at <u>www.mass.gov/rmv</u> for more information.

PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.

1507400

3

2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.

3. Firmly rub the decal to adhere it to the plate.

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



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

<u>#403-19</u>

DATE (MM/DD/YYYY)	DATE	
07/02/2010	07	

ACC	ORD CERI	TIFICATE OF LI	ABILITY	INSURA	NCE #4	03-19 DATE (MM/DD/YYYY) 07/02/2019		
2001 BE	IN INS AGENCY ACON ST		ONLY AND HOLDER. T	CONFERS NO R	AS A MATTER OF INFOI IGHTS UPON THE CER DOES NOT AMEND, EXT ORDED BY THE POLICIES	RMATION TIFICATE END OR		
BRIGHT 617 731	ON, MA 02135 -4554		INSURERS AF		AGE	NAIC #		
NSURED	,		INSURER A: SA	FETY INSURANCE	E CO.			
		EQUIPMENT SALES LLC	INSURER B:					
	274 DEDHAM ST		INSURER C:					
	NEWTON, MA 02461		INSURER D:					
			INSURER E:					
ANY REC PERTAIN POLICIE	3ES LICIES OF INSURANCE LISTED BELOV QUIREMENT, TERM OR CONDITION O N, THE INSURANCE AFFORDED BY TH S. AGGREGATE LIMITS SHOWN MAY	FANY CONTRACT OR OTHER DOC E POLICIES DESCRIBED HEREIN IS	UMENT WITH RES S SUBJECT TO ALL	PECT TO WHICH TH	HIS CERTIFICATE MAY BE IS	SSUED OR MAY		
NSR ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	DATE (MM/DD/YY)	LiMit	S		
	GENERAL LIABILITY				EACH OCCURRENCE	\$		
[DAMAGE TO RENTED PREMISES (Ea occurence)	\$		
					MED EXP (Any one person)	\$		
					PERSONAL & ADV INJURY	\$		
					GENERAL AGGREGATE	\$		
					PRODUCTS - COMP/OP AGG	\$		
×	POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO	2704787	05/21/2019	05/21/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00		
	ALL OWNED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
	[PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EAACCIDENT	\$		
	ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG	\$ \$		
-+ +	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
					AGGREGATE	\$		
						\$		
	DEDUCTIBLE					\$		
	RETENTION \$					\$		
WOR	ERS COMPENSATION AND OYERS' LIABILITY							
	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
OFFIC	ER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$		
SPEC	describe under IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$		
OTHE	R				COLL 1000 COMP 1000			
2016 M	DN OF OPERATIONS / LOCATIONS / VEHICLE ERZ GL350 VIN: 4JGDF2EE	5GA687895 LICENSI	ient7special prov E S77379285	ISIONS	I			
-			CANCELLATI	ON	<u> </u>			
<u>UERTIFIC</u>	MASSACHUSETTS POR ONE HARBORSIDE DR EAST BOSTON MA 0212	SUITE 200S	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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.					
				NS AGENCY	SAL ACORD	CORPORATION 1988		
ACORD	25 (2001/08)				\mathcal{O}			

#404-19 & #405-19

2019

2

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

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

- 1. Name of Applicant: Dhanraj Mahase
- Business Name: Mahase Livery Service ,LLC Business Address: 275 Grove St 2-400 Newton MA Business Telephone Number: 774-444-9888 email address: Dhanraj.mahase@gmail.com
- 3. Total number of Licenses:

PUBLIC AUTO = 2

TAXI LICENSE =

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

Limo Non Taxi

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

60 Solon St Newton MA 02461

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

None

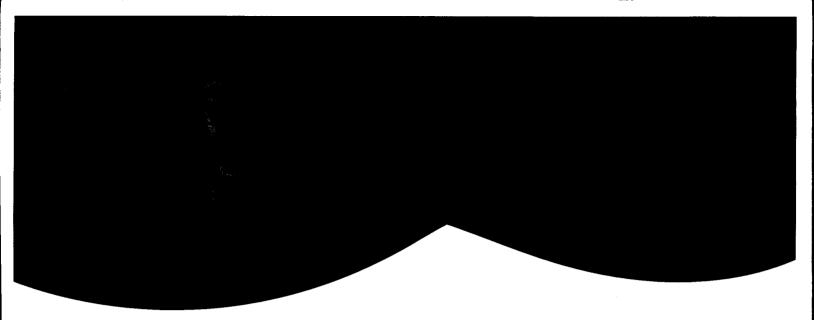
8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):

None

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

Dhanraj Mahase Owner (Cell)774-444 -9888

pd \$ 50.00 Credit card



Dear,

City Council I am writing this letter for your consideration for renewal of Mahase Livery service, LLC for the new year of 2019. All permits and forms have been summited to the town hall, as well any outstanding fee's that needed to be paid.

Dhanraj Mahase CEO

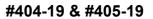
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TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LI	CENSE HOLDER:	Dhanraj Mahase	Maha	ase Livery	Service,LLC	275 Grove St 2	-400 Newton MA	774-444-9888		
		(Owner Name)	(Comp	any Name	e)	(Company Addr	ess)	(Company Phone Nu	mber)	
		Dhanraj Mahase@	gmail.com							
		(email address)								
Ple	ase list below for eac	ch vehicle:								
	MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOM REA	ETER DING	TAXI METER SERIAL #	1 ST INSPECTIO (mileage & meter			
<u>1.</u>	LVN 85226		WDDHF8JB7E	3015189	150,000					
<u>2.</u>	LVN81607		1GYS4JKJ0KR2	88751	11,550					
<u>3.</u>					······					
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I	LVN LV81607 LIVERY 10/16						MONTH 0.7	YEAR	TRANSACTION NUMBER				
	TASTOO.			THETTE	10/10/1	9	Not valid without of	21	0292894	2220103			
2019	CADI	RSCAL		UV	BLACK	:	signature of Reg		CANTINE	COMMERCIAL VIEWOLS			
LEIDENTFICATI			NUMBER CON		1	ITTLE MUNICER	RESISTANA		POR HERE				
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a or ownerch	AND THE IND ADDRESS						FEES						
	, DHANRA	J					98345	RATION		32.50			
75 GROV UITE 2-	E STREET						TITLE			0.00			
	400 I. MA 02466						SALE	L PLATES Tax		0.00 0.00			
20101	,							TOTAL		32.50			
	N/	Ri	CISTRY	OF MOTO	DR VEHICLE	RANSPORTAT S DIVISION of the vehicle registration.	ION			•			
						OWNER OF ADDRESS							
	s vehicli E inspect					STREET ACCHINE							
	ISTRATION				DAID								
						GTTY. STATE OF CODE							
			im	portant	informati	on for Vehick	e Owners						
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STORET GLEDIN



massDOT
 Registry of Meter Vehicles

CERTIFICATE OF REGISTRATION M.G.L. Chapter 90 Section 248 makes it a crime to alter this Certificate RMV Division

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VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	1 Harborside Drive #200						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
AUTHORIZED REPRESENTATIVE						AUTHO	RIZED REPRESEN		~ ~		
East Boston MA 02128 Brian Boucher		East Boston			MA 02128				Brian Bouch	ier	

The ACORD name and logo are registered marks of ACORD

WORKERS COMPENSATION AND EMPLOYERS LIABILITY **INSURANCE POLICY**

175 Berkeley Street Boston, MA 02116

AR **INFORMATION PAGE**

Issued by LM INSURANCE CORPORATION

27243 Issuing Office 016C

WC5-31S-618874-019 Policy Number WC5-31S-618874-018 RENEWAL OF: Account Number 1-618874

1. Insured and Mailing Address MAHASE LIVERY SERVICE LLC

123 ANTWERP STREET UNIT 414

BRIGHTON, MA 02135

Status 46 - LIMITED LIABILITY CO Other workplaces not shown above: SEE ITEM 4. PREMIUM - EXTENSION OF INFORMATION PAGE

2. Policy Period: The policy period is from 05-01-2019 to 05-01-2020 12:01 A.M. standard time at the Insured's mailing address.

3. Coverage

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 500,000	each accident
Bodily Injury by Disease	500,000	policy limit
Bodily Injury by Disease	\$ 500,000	each employee

- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: **SEE END WC 20 03 06B**
- D. This policy includes these endorsements and schedules: SEE EXTENSION OF INFORMATION PAGE
- 4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number		ium Basis Total Annual Remunera	ation	Rate per \$100 of Remuneration	Estimated Annu Premium	ıal
	See E	xtension of	nformation Page				
Minimum Premium Premium will be billed	\$ ANNUAL	297	(MA)	Tota	al Estimated Annual P	remium \$	2,172

Producer 0004-165360 LIGHTHOUSE INS AGENCY LIMITED 470 WEST BROADWAY S BOSTON MA 02127

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05-06-19 Issue Date Sub Account 0000

RISK ID

001113874

Extension of Information Page WC 00 00 01 A Item 4.

	Classification of Operations		Pre	emium Basis	Rate		
	item, except as specifically provided elsewhere in this not modify any of the other provisions of this policy	Code No.		mated Total An- al Remuneration	Per \$100 Of Remuneration		Estimated Annual Premium
0001-01 N E S N	AAHASE LIVERY SERVICE LLC TEIN # 82-3042035 SIC CODE 4142 WAIC CODE 485510 L23 ANTWERP STREET UNIT 414 BRIGHTON MA 02135						
	BUS CO: ALL OTHER EMPLOYEES & DRIVERS	7382	\$	50,400	3.38	\$	1,704.00
E	BUS CO: GARAGE EMPLOYEES	8385		IF ANY	2.56	\$	0.00
OTAL CLA	SS PREMIUM					\$	1,704.00
NCREASE	LIMITS 1.01	9807				\$	17.00
	MUM DIFFERENCE	9848				\$	33.00
TANDARD						\$	1,754.00
XPENSE C		0900	1			\$	338.00
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vnerience N	Adification:	RISK ID		1113874			

Policy No. WC5-31S-618874-019

Page No. 1



Commonwealth of Massachusetts

County of Middlesex

City of Newton

Certificate Stating Real Name of Person Transacting Business

In accordance with the provisions of Section 5 of Chapter 110 of the General Laws, Notice is hereby given that business is being conducted under the name of:

Business Name:	Mahase Livery Service			
Proposed Use:	transportation service			
Location:	60 Solon Street, Newton Highlands MA 02461			
The full name and	address of each person conducting such business:			
Name:	Dhanraj Mahase			

Name:	Dhanraj Mahase
Address:	123 Antwerp Street Unit 414, Brighton MA 02135
Name:	Vinay Metra
Address:	60 Solon Street, Newton Highlands MA 02461

Notes:

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:	SR3									
Attest:	ISD									
	Inspectio	onal Services Depa	artment Officia	1						
Received:	Date:	10/27/2017	Time:	9:07 AM						
	Book:	56	Page:	403						
	Expires	10/27/2021								

And entered in records of business titles in the City Clerk's office in the City of Newton.