



## Public Safety & Transportation Committee Agenda

### City of Newton In City Council

Wednesday, December 9, 2020

7:00 PM

The Public Safety & Transportation Committee will hold this meeting as a virtual meeting on Wednesday, December 9, 2020 at 7:00 p.m. To view this meeting using Zoom use this link:

<https://us02web.zoom.us/j/85765856768?pwd=U2Z3b2hCcHl1TnExZXJEMGZyKzIRZz09> or call 1 646 558 8656 and use the following Meeting ID: 857 6585 6768. Passcode: 340164.

#### Items Scheduled for Discussion:

- #495-20**      **Requesting renewal of taxi license**  
GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of one (1) taxi license for Holden's Taxi, Inc.
- #496-20**      **Requesting renewals of taxi licenses**  
GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of two (2) taxi licenses for Newtonville Cab Co., Inc.
- #497-20**      **Requesting renewal of taxi license**  
GEORGE MARRY, 50 Union Street, Newton Centre, MA 02459, requesting renewal of one (1) taxi license for Newton Taxi Co.
- #498-20**      **Requesting renewal of public auto license**  
DHANRAJ MAHASE, 275 Grove Street, 2-400, Newton, MA 02466 requesting renewal of one (1) public auto license for Mahase Livery Services, LLC. (MHS Worldwide, LLC).

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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](mailto: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.

- #499-20 Requesting renewal of public auto license**  
DONALD LAPLANTE, 395 Lexington Street, Auburndale, MA 02466 requesting **renewal of one (1) public auto license** for Don's Car Service.
- #500-20 Requesting renewal of public auto license**  
MICHAEL GIMMELFARB, 274 Dedham Street, Newton, MA 02461 requesting **renewal of one (1) public auto license** for American Truck & Equipment Sales, LLC.
- #501-20 Requesting renewal of public auto license**  
JOSE GREGORIO CEDENO, 9 Elmwood Park, Newtonville, MA 02460 requesting **renewal of one (1) public auto license** for Bace Limousine Services, LLC.
- #502-20 Requesting renewal of public auto license**  
NOEL DIAZ, 9 Elmwood Park, #2, Newtonville, MA 02460 requesting **renewal of one (1) public auto license** for Newton Limos Company, LLC.
- #503-20 Requesting renewal of public auto license**  
ISMAIL UNKOC, 184 River Street, West Newton, MA 02465 requesting **renewal of one (1) public auto license** for Izmo Limo, LLC.
- #504-20 Requesting renewal of public auto license**  
RAJIV KUMAR, 2323 Washington Street, #G3, Newton, MA 02462 requesting **renewal of one (1) public auto license** for Om Sai Enterprises Inc.
- #505-20 Requesting renewal of public auto license**  
LAHCENE BELHOUCHE, 32 Adams Street, Newton, MA 02460 requesting **renewal of one (1) public auto license** for Boston Cool Ride Limo Inc.

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

**Respectfully submitted,**

**Andreae Downs, Chair**

# NEWTON TAXI COS

#495-20

H

50 UNION STREET  
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

17 November 2020

Honorable City Council  
City of Newton  
Newton City Hall  
1000 Commonwealth Avenue  
Newton Centre, Massachusetts 02459

Received \$25.00  
check  
Application is  
for Holden's  
Taxi, Inc.

Re: Hackney License Renewal

Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2021.

Please find the enclosed:

1. Workers' Compensation Insurance Affidavit
2. Renewal Application Form
3. Copies of registration certificates
4. Certificate of insurance
5. Renewal Fee

Sincerely



George Marry  
President

GM 9/30/16

RECEIVED  
2020 NOV 19 AM 11:45  
CITY CLERK  
NEWTON, MA. 02459

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

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

- 1. Name of Applicant: *GEORGE MARRY*
- 2. Business Name: *HOLDEN'S TAXI INC*  
Business Address: *50 UNION ST*  
Business Telephone Number: *617.244.2404*  
email address:

3. Total number of Licenses:

PUBLIC AUTO =

TAXI LICENSE = *1*

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

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

*CORP*

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

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

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

*HOLDEN'S TAXI INC*

*GEORGE MARRY, PRES*

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

*GEORGE MARRY TREAS*

*617.244.2404*

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: George MARRY HOLDEN'S TAXI INC 50 UNION ST NEWTON CENTRE 617-244-2404  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)

\_\_\_\_\_  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>nd</sup> INSPECTION (mileage & meter #)
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- #9 1. TA250 60 2FABF7BV8K101144 2685T
- 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: HOLDEN'S TAXI INC

Address: 50 UNION ST.

City/State/Zip: NEWTON, MA Phone #: 617-244-2404

**Are you an employer? Check the appropriate box:**

- 1.  I am an employer with 2 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 TAXI

\*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: TRAVELERS

Insurer's Address: 2480 LAKEMONT AVE STE 200

City/State/Zip: ORLANDO, FL 32814

Policy # or Self-ins. Lic. # TRUB-4799 P64-0.20 Expiration Date: 10-05-21

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

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

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

Signature: [Signature] Date: 17 NOVEMBER 2020

Phone #: 617-244-2404

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



#495-20  
**WORKERS COMPENSATION  
 AND  
 EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A )

POLICY NUMBER: (7PJUB-4799P64-0-20)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-MA

INSURED'S NAME: HOLDEN TAXI, INC

RATE BUREAU ID: 000113002

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 042446857 ENTITY CD 001				
HOLDEN TAXI, INC				
50 UNION STREET NEWTON, MA 02159 SIC CODE: 4789 NAICS: 488999				
TAXICAB CO: ALL OTHER EMPLOYEES & DRIVERS	7370	17893	3.44	616
BUS CO: GARAGE EMPLOYEES	8385	IF ANY	2.76	
CLERICAL OFFICE EMPLOYEES NOC	8810	28856	.06	17

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MERIT RATING/EXPERIENCE MOD: NONE	MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			633
EXPENSE CONSTANT(0900)			250
0.0300 TERRORISM (9740)			14
3.51% MA WC SPECIAL FUND AND TRUST FUND			22
TOTAL ESTIMATED PREMIUM			919
DEPOSIT AMOUNT DUE			919

DATE OF ISSUE: 09-21-20 WC


ST ASSIGN: MA

SCHEDULE NO: 1 OF MORE

# CERTIFICATE OF REGISTRATION

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

**RMV Division** #9

PLATE TYPE <b>TAR</b>	REGISTRATION NUMBER <b>TA250</b>	REGISTRATION TYPE <b>TAXI</b>	EFFECTIVE DATE <b>12/01/19</b>	EXPIRES LAST DAY OF →	MONTH <b>11</b>	YEAR <b>20</b>	TRANSACTION NUMBER <b>02930701291471</b>
MFYS MODEL YEAR <b>2011</b>	MAKE <b>FORD</b>	MODEL <b>CROVIC</b>	BODY STYLE/TYPE <b>SEDAN</b>	COLOR <b>BLACK</b>	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE, MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.
VEHICLE IDENTIFICATION NUMBER <b>2FABP7BV8BX101044</b>		INSURANCE COMPANY <b>ARBELLA PROTECTION</b>		TITLE NUMBER <b>BQ493170</b>	REGISTRAR <i>James Zelen</i>		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.
RESIDENTIAL ADDRESS (IF DIFFERENT)							
NAME(S) OF OWNER(S) AND MAILING ADDRESS  003202 ****AUTO**ALL FOR AADC 021 HOLDENS TAXI INC 50 UNION ST NEWTON MA 02459-2223				FEES			
				REGISTRATION 60.00			
				TITLE 0.00			
				SPECIAL PLATES 20.00			
				SALES TAX 0.00			
				TOTAL 80.00			
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION</b> <b>REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.							

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS
	STREET ADDRESS
	CITY, STATE, ZIP CODE

## Important Information for Vehicle Owners.

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

### PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.
2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
3. Firmly rub the decal to adhere it to the plate.

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



The best way to renew your registration is online at  
[www.mass.gov/rmv](http://www.mass.gov/rmv)

201806366





**ARBELLA**  
INSURANCE GROUP

1-800-ARBELLA | ARBELLA.COM

46-2000  
PO Box 55392  
Boston, MA 02205-5392

**INVOICE**

Account Number	Invoice Mail Date	Total Balance	Minimum Due	Due Date
612007602	11/09/2020	\$3,158.00	\$358.00	11/29/2020

**Customer:**

HOLDENS TAXI INC  
50 UNION ST  
NEWTON, MA 02459

**Agent:** 46-2000  
EASTERN INS GROUP LLC  
P.O. BOX 4000  
WAKEFIELD, MA 01880  
781-245-3700

000151

**BILLING SUMMARY**

To make a payment on-line visit [www.arbella.com](http://www.arbella.com). To pay by phone, call 1-800-ARBELLA.

Policy Number	Company	Line of Business	Policy Period	Previous Balance	Current Balance	Minimum Due
1020005501	Arbella Protection	Commercial Auto	09/27/2020 - 09/27/2021	\$4,377.00	\$3,125.00	\$325.00
<b>Premium:</b>				\$4,377.00	\$3,125.00	\$325.00
<b>Fees:</b>				\$0.00	\$33.00	\$33.00
<b>Total:</b>				\$4,377.00	\$3,158.00	\$358.00

NV

# NEWTON TAXI COS #496-20

50 UNION STREET  
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

17 November 2020

Honorable City Council  
City of Newton  
Newton City Hall  
1000 Commonwealth Avenue  
Newton Centre, Massachusetts 02459

Received \$50.00  
Check

Application is  
for Newtonville  
Cab Co., Inc.

Re: Hackney License Renewal

Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2021.

Please find the enclosed:

1. Workers' Compensation Insurance Affidavit
2. Renewal Application Form
3. Copies of registration certificates
4. Certificate of insurance
5. Renewal Fee

Sincerely

George Marry  
President

GM 9/30/16

RECEIVED  
2020 NOV 19 AM 11:45  
CITY CLERK  
NEWTON, MA 02459

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

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

1. Name of Applicant: GEORGE MARRY  
2. Business Name: NEWTONVILLE CAB CO INC  
Business Address: 50 UNION ST., NEWTON CENTRE  
Business Telephone Number: 617.527.6400  
email address:

3. Total number of Licenses:

PUBLIC AUTO =

TAXI LICENSE = 2

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

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

CORP

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

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):

NEWTONVILLE CAB CO INC

GEORGE MARRY PRES

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

GEORGE MARRY

617.527.6400

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: George Marry Newtonville B LLC 50 Union St Newton Centre 617.527.6400  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)

\_\_\_\_\_  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>ND</sup> INSPECTION (mileage & meter #)
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1. TA244 55 2FABP7BU5RX120768 94573

2. TA243 54 264RDCB31CR294629 26844

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: NEWTONVILLE CAB CO INC

Address: 50 CLARION ST.

City/State/Zip: NEWTON MA 02459 Phone #: 617-527-6400

Are you an employer? Check the appropriate box:

- 1.  I am an employer with 0 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 TAXI

\*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: TRAVELERS

Insurer's Address: 2420 LAKEMONT AVE STE 200

City/State/Zip: ORLANDO, FL 32814

Policy # or Self-ins. Lic. # 7P-TUB-479964-0-20 Expiration Date: 10/05/21

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

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

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

Signature: [Handwritten Signature]

Date: 17 NOVEMBER 2020

Phone #: 617-527-6400

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 #: \_\_\_\_\_



#496-20  
 WORKERS COMPENSATION  
 AND  
 EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A )

POLICY NUMBER: (7PJUB-4799P64-0-20)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-MA


INSURED'S NAME: HOLDEN TAXI, INC

RATE BUREAU ID: 000113002

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 02				
FEIN 042599128 ENTITY CD 002				
NEWTONVILLE CAB CO. INC				
50 UNION STREET NEWTON, MA 02159 SIC CODE: 4789 NAICS: 488999				
TAXICAB CO: ALL OTHER EMPLOYEES & DRIVERS	7370	IF ANY	3.44	
TAXICAB CO: GARAGE EMPLOYEES	8385	IF ANY	2.76	
CLERICAL OFFICE EMPLOYEES NOC	8810	38720	.06	23

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MERIT RATING/EXPERIENCE MOD: NONE	MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			23
0.0300 TERRORISM (9740)			12
3.51% MA WC SPECIAL FUND AND TRUST FUND			1
TOTAL ESTIMATED PREMIUM			36
DEPOSIT AMOUNT DUE			36

PLATE TYPE <b>TAR</b>	REGISTRATION NUMBER <b>TA244</b>	REGISTRATION TYPE <b>TAXI</b>	EFFECTIVE DATE <b>12/01/19</b>	EXPIRES LAST DAY OF <b>11 20</b>	MONTH <b>11</b>	YEAR <b>20</b>	TRANSACTION NUMBER <b>02930701291667</b>										
VEHICLE MODEL YEAR <b>2011</b>	MAKE <b>FORD</b>	MODEL <b>CROVIC</b>	BODY STYLE/TYPE <b>SEDAN</b>	COLOR <b>BLACK</b>	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.										
VEHICLE IDENTIFICATION NUMBER <b>2FABP7BV5BX180768</b>		INSURANCE COMPANY <b>ARBELLA PROTECTION</b>		TITLE NUMBER <b>BP748389</b>	REGISTRAR <i>James Jerler</i>		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.										
VEHICLE IDENTIFICATION ADDRESS (IF DIFFERENT)					FEEES												
 003200 ****AUTO**ALL FOR AADC 021 NEWTONVILLE CAB CO INC 50 UNION ST NEWTON MA 02459-2223					<table border="0"> <tr><td>REGISTRATION</td><td>60.00</td></tr> <tr><td>TITLE</td><td>0.00</td></tr> <tr><td>SPECIAL PLATES</td><td>20.00</td></tr> <tr><td>SALES TAX</td><td>0.00</td></tr> <tr><td><b>TOTAL</b></td><td><b>80.00</b></td></tr> </table>			REGISTRATION	60.00	TITLE	0.00	SPECIAL PLATES	20.00	SALES TAX	0.00	<b>TOTAL</b>	<b>80.00</b>
REGISTRATION	60.00																
TITLE	0.00																
SPECIAL PLATES	20.00																
SALES TAX	0.00																
<b>TOTAL</b>	<b>80.00</b>																
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION</b> <b>REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.																	

**SPECIAL MESSAGE** IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.

CHANGE OF ADDRESS

STREET ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

**Important Information for Vehicle Owners**

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

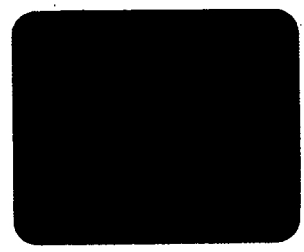


201806364

PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.
2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
3. Firmly rub the decal to adhere it to the plate.

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



The best way to renew your registration is online at  
[www.mass.gov/rmv](http://www.mass.gov/rmv)

PLATE TYPE TAR		REGISTRATION NUMBER TA243		REGISTRATION TYPE TAXI		EFFECTIVE DATE 12/01/19		EXPIRES LAST DAY OF →		MONTH 11		YEAR 20		TRANSACTION NUMBER 02930701291624		
FRS MODEL YEAR 2012		MAKE DODG		MODEL CARAVA		BODY STYLE/TYPE VAN		COLOR GRAY		Not valid without official signature of Registrar  <i>James Jenler</i>			IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.	
VEHICLE IDENTIFICATION NUMBER 2C4RDGBG1CR294629				INSURANCE COMPANY ARBELLA PROTECTION				TITLE NUMBER BR053657					REGISTRAR			
RESIDENTIAL ADDRESS (IF DIFFERENT)																
NAME(S) OF OWNER(S) AND MAILING ADDRESS  003199 ****AUTO**ALL FOR AADC 021 NEWTONVILLE CAB CO INC 50 UNION ST NEWTON MA 02459-2223																
										<b>FEEES</b>  REGISTRATION 60.00 TITLE 0.00 SPECIAL PLATES 20.00 SALES TAX 0.00 TOTAL 80.00						
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION</b> <b>REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.																
SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.								CHANGE OF ADDRESS  STREET ADDRESS  CITY, STATE, ZIP CODE								

**Important Information for Vehicle Owners**

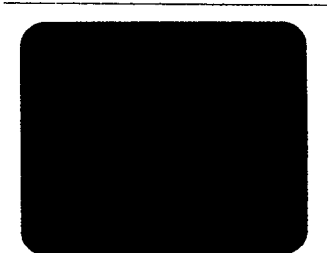
- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within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

201806363

**PLATE DECAL APPLICATION INSTRUCTIONS**

1. Gently peel the decal from the form.
2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
3. Firmly rub the decal to adhere it to the plate.

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



The best way to renew your registration is online at [www.mass.gov/rmv](http://www.mass.gov/rmv)





**ARBELLA**  
INSURANCE GROUP

46-2000  
PO Box 55392  
Boston, MA 02205-5392

1-800-ARBELLA | ARBELLA.COM

**INVOICE**

Account Number	Invoice Mail Date	Total Balance	Minimum Due	Due Date
612008024	11/09/2020	\$6,308.00	\$708.00	11/29/2020

**Customer:**

NEWTONVILLE CAB CO INC  
50 UNION ST  
NEWTON, MA 02459

Agent: 46-2000  
EASTERN INS GROUP LLC  
1149 WASHINGTON ST  
NEWTON, MA 02460  
617-969-4800

000163

**BILLING SUMMARY**

To make a payment on-line visit [www.arbella.com](http://www.arbella.com). To pay by phone, call 1-800-ARBELLA.

Policy Number	Company	Line of Business	Policy Period	Previous Balance	Current Balance	Minimum Due
1020005499	Arbella Protection	Commercial Auto	09/27/2020 - 09/27/2021	\$8,754.00	\$6,275.00	\$675.00
				<b>Premium:</b>	\$8,754.00	\$6,275.00
				<b>Fees:</b>	\$0.00	\$33.00
				<b>Total:</b>	\$8,754.00	\$6,308.00

# NEWTON TAXI COS

#497-20 N

50 UNION STREET  
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

17 November 2020

Honorable City Council  
City of Newton  
Newton City Hall  
1000 Commonwealth Avenue  
Newton Centre, Massachusetts 02459

Received \$ 25.00  
check.

Application is for  
Newton Taxi Co.

Re: Hackney License Renewal

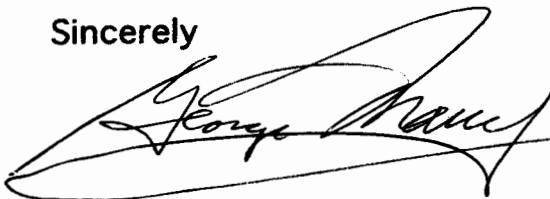
Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2021.

Please find the enclosed:

1. Workers' Compensation Insurance Affidavit
2. Renewal Application Form
3. Copies of registration certificates
4. Certificate of insurance
5. Renewal Fee

Sincerely



George Marry  
President

GM 9/30/16

CITY CLERK  
NEWTON, MA, 02459

2020 NOV 19 AM 11:45

RECEIVED

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

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

1. Name of Applicant: *GEORGE MARRY*  
2. Business Name: *NEWTON TAXI CO*  
Business Address: *50 UNION ST NEWTON CENTRE*  
Business Telephone Number: *617.244.6600*  
email address:

3. Total number of Licenses:  
PUBLIC AUTO =  
TAXI LICENSE = *1*

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

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

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

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):  
*HEL-MAR INC*  
*216/a NEWTON TAXI CO GEORGE MARRY, PRES*

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:  
*GEORGE MARRY*  
*617.244.6600*

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: GEORGE MARRY NEWTON TAXI CO 50 UNION ST NEWTON CENTRE 617.244.6600  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)

\_\_\_\_\_  
(email address)

Please list below for each vehicle:

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

- |              |    |                   |  |      |  |  |
|--------------|----|-------------------|--|------|--|--|
| # 61. TA 245 | 56 | 1D8HN44EY9B50874C |  | 4936 |  |  |
| 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: NEWTON TAXI CO

Address: 50 UNION ST

City/State/Zip: NEWTON CENTRE MA 02459 Phone #: 617-244-6600

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>1</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input checked="" type="checkbox"/> Other <u>TAXI</u></p>
--	--

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

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

Insurance Company Name: TRAVELERS

Insurer's Address: 2420 LAKEMONT AVE ST 200

City/State/Zip: ORLANDO, FL 32184

Policy # or Self-ins. Lic. # 7 FTUB-479984-01-70 Expiration Date: 10/05/21

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

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

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

Signature: [Signature] Date: 17 NOVEMBER 2020

Phone #: 617-244-6600

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



#497-20

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A )

POLICY NUMBER: (7PJUB-4799P64-0-20)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-MA

INSURED'S NAME: HOLDEN TAXI, INC

RATE BUREAU ID: 000113002

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 03				
FEIN 042473682 ENTITY CD 003				
HEL-MAR INC. DBA NEWTON TAXI COMPANY				
50 UNION STREET NEWTON, MA 02159 SIC CODE: 4789 NAICS: 488999				
TAXICAB CO: ALL OTHER EMPLOYEES & DRIVERS	7370	IF ANY	3.44	
TAXICAB CO: GARAGE EMPLOYEES	8385	IF ANY	2.76	
CLERICAL OFFICE EMPLOYEES NOC	8810	IF ANY	.06	

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MERIT RATING/EXPERIENCE MOD: NONE	MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			INCL
0.0300 TERRORISM (9740)			INCL
3.51% MA WC SPECIAL FUND AND TRUST FUND			INCL
TOTAL ESTIMATED PREMIUM			INCL
DEPOSIT AMOUNT DUE			INCL

#6



# CERTIFICATE OF REGISTRATION

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

PLATE TYPE <b>TAR</b>	REGISTRATION NUMBER <b>TA245</b>	REGISTRATION TYPE <b>TAXI</b>	EFFECTIVE DATE <b>12/01/19</b>	EXPIRES LAST DAY OF <b>11 20</b>	MONTH <b>11</b>	YEAR <b>20</b>	TRANSACTION NUMBER <b>02930701291563</b>										
MFRS MODEL YEAR <b>2009</b>	MAKE <b>DODG</b>	MODEL <b>GRANDC</b>	BODY STYLE/TYPE <b>VAN</b>	COLOR <b>BLUE</b>	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.										
VEHICLE IDENTIFICATION NUMBER <b>1D8HN44EX9B508741</b>		INSURANCE COMPANY <b>ARBELLA PROTECTION</b>		TITLE NUMBER <b>BR006143</b>	REGISTRAR <i>James Jerker</i>		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.										
RESIDENTIAL ADDRESS (IF DIFFERENT)					FEEES												
NAME(S) OF OWNER(S) AND MAILING ADDRESS 003201 ****AUTO**ALL FOR AADC 021 NEWTON TAXI CO 50 UNION ST NEWTON MA 02459-2223					<table> <tr><td>REGISTRATION</td><td>60.00</td></tr> <tr><td>TITLE</td><td>0.00</td></tr> <tr><td>SPECIAL PLATES</td><td>20.00</td></tr> <tr><td>SALES TAX</td><td>0.00</td></tr> <tr><td><b>TOTAL</b></td><td><b>80.00</b></td></tr> </table>			REGISTRATION	60.00	TITLE	0.00	SPECIAL PLATES	20.00	SALES TAX	0.00	<b>TOTAL</b>	<b>80.00</b>
REGISTRATION	60.00																
TITLE	0.00																
SPECIAL PLATES	20.00																
SALES TAX	0.00																
<b>TOTAL</b>	<b>80.00</b>																
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.																	

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS
	STREET ADDRESS
	CITY, STATE, ZIP CODE

### Important Information for Vehicle Owners

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

201806365

#### PLATE DECAL APPLICATION INSTRUCTIONS

1. Gently peel the decal from the form.
2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
3. Firmly rub the decal to adhere it to the plate.

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



The best way to renew your registration is online at [www.mass.gov/rmv](http://www.mass.gov/rmv)



**ARBELLA**

INSURANCE GROUP

1-800-ARBELLA | ARBELLA.COM

46-2000  
PO Box 55392  
Boston, MA 02205-5392

**INVOICE**

Account Number	Invoice Mail Date	Total Balance	Minimum Due	Due Date
612007605	11/09/2020	\$2,375.00	\$271.00	11/29/2020

**Customer:**

NEWTON TAXI CO  
50 UNION ST  
NEWTON, MA 02459

**Agent:** 46-2000  
EASTERN INS GROUP LLC  
P.O. BOX 4000  
WAKEFIELD, MA 01880  
781-245-3700

000152

**BILLING SUMMARY**

To make a payment on-line visit [www.arbella.com](http://www.arbella.com). To pay by phone, call 1-800-ARBELLA.

Policy Number	Company	Line of Business	Policy Period	Previous Balance	Current Balance	Minimum Due
1020005497	Arbella Protection	Commercial Auto	09/27/2020 - 09/27/2021	\$8,754.00	\$2,342.00	\$238.00
				<b>Premium:</b>	\$8,754.00	\$2,342.00
				<b>Fees:</b>	\$0.00	\$33.00
				<b>Total:</b>	\$8,754.00	\$2,375.00





MHS Worldwide, LLC  
275 Grove St  
2-400  
Newton MA 02466

City of Newtown  
1000 Commonwealth Ave,  
Newton Centre MA, 02459

10/29/20  
Received \$25.00  
Check # 186

Dear City Council,

I am writing this letter for your consideration for renewal of MHS Worldwide, LLC, for the new year of 2021. All permits and forms have been submitted to the town hall as requested. Enclosed in this packet is a check payable to the town of Newton for one public Auto-renewal.

**Dhanraj Mahase**  
**MHS Worldwide, LLC**  
**CEO**

RECEIVED  
2020 OCT 29 PM 3:18  
CITY CLERK  
NEWTON, MA, 02459

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

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

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

3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

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

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

Sole Proprietorship

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

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

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

No Partnership

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

Dhanraj Mahase

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

Dhanraj Mahase  
774-444-9888

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

**LICENSE HOLDER:** Dhanraj Mahase MHS Worldwide, LLC 275 Grove St Suite 2-400 Newton MA 02466

774-444-9888

(Owner Name)

(Company Name)

(Company Address)

(Company Phone Number)

info@mhsworldwide.com

(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA#	MEDALLION#	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1ST INSPECTION (mileage & meter#)	2nd INSPECTION (mileage & meter#)
1. Lvn Lv81607		1GYS4JK0KR288751	15,000			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

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

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: MHS WORLDWIDE, LLC

Address: 275 GROVE ST SUITE 2-400

City/State/Zip: NEWON, MA 0246

Phone #: 774-444-9888

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other</p>
--	--

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

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

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

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

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

Signature:

Date: 10-20-2020

Phone #: 774-444-9888

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



**William Francis Galvin**  
 Secretary of the Commonwealth of Massachusetts



#498-20

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## Corporations Division

### Business Entity Summary

ID Number: 001292539

[Request certificate](#)

[New search](#)

Summary for: MHS WORLDWIDE LLC

<b>The exact name of the Domestic Limited Liability Company (LLC):</b> MHS WORLDWIDE LLC	
<b>The name was changed from:</b> MAHASE LIVERY SERVICE, LLC <b>on</b> 07-08-2020	
<b>Entity type:</b> Domestic Limited Liability Company (LLC)	
<b>Identification Number:</b> 001292539	<b>Old ID Number:</b>
<b>Date of Organization in Massachusetts:</b> 09-27-2017	
<b>Last date certain:</b>	
<b>The location or address where the records are maintained</b> (A PO box is not a valid location or address):	
Address: 275 GROVE ST. 2-400	
City or town, State, Zip code, Country: NEWTON, MA 02466 USA	
<b>The name and address of the Resident Agent:</b>	
Name: UNITED STATES CORPORATION AGENTS, INC.	
Address: 101 BILLERICA AVE., BLDG. 5, SUITE 204	
City or town, State, Zip code, Country: NORTH BILLERICA, MA 01862 USA	



PLATE TYPE <b>LVN</b>	REGISTRATION NUMBER <b>LV81607</b>	REGISTRATION TYPE <b>LIVERY</b>	EFFECTIVE DATE <b>10/16/19</b>	MONTH <b>07</b>	YEAR <b>21</b>	TRANSACTION NUMBER <b>02928942220103</b>
EXPIRES MODEL YEAR <b>2019</b>	MAKE <b>CADI</b>	MODEL <b>ESCALA</b>	BODY STYLE TYPE <b>SUV</b>	COLOR <b>BLACK</b>	Not valid without official signature of Registrar <i>James Jelen</i>	
VEHICLE IDENTIFICATION NUMBER <b>1GYB4JKJ0KR288751</b>		INSURANCE COMPANY <b>LANCER INSURANCE</b>		TITLE NUMBER <b>EXAM</b>	REGISTRAR	IF VEHICLE CARRIES PASSENGERS FOR HIRE, NUMBER OF PASSENGERS THAT CAN BE SEATED. <b>07</b>
RESIDENTIAL ADDRESS OF DEPARTMENT						
ADDRESS OF OWNER AND BILLING ADDRESS <b>MAHASE, DHANRAJ 275 GROVE STREET SUITE 2-400 NEWTON, MA 02466</b>					FEES REGISTRATION <b>32.50</b> TITLE <b>0.00</b> SPECIAL PLATES <b>0.00</b> SALES TAX <b>0.00</b> TOTAL <b>32.50</b>	
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.						

SPECIAL INSURANCE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS
	STREET ADDRESS
	CITY, STATE, ZIP CODE

**Important Information for Vehicle Owners**

- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: [www.mass.gov/rmv](http://www.mass.gov/rmv) or by mail to: RMV, P.O. Box 55889, Boston, MA 02245-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- Return the registration plates to the RMV immediately if:
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the *Bill of Sale, Title, and completed Reassignment of Title* for your records to document the transfer.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

**Transferring Your Plates:** Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. All of the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*; 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the same vehicle type (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the same registration type (passenger to passenger, commercial to commercial); and has the same number of wheels; and, 4. The seller and buyer properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If all of the above are met, you may operate the newly acquired vehicle with the transferred plates up to 5:00 pm of the 7th calendar day following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you must carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle and this *Registration Certificate* when operating the vehicle. See *FAQs About the Seven-Day Registration Transfer Law* on the RMV's website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

**No Insurance Card Required:** Massachusetts's law does not require an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (Registry of Motor Vehicles) if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's office.

**Be first in line by going online at [www.mass.gov/rmv](http://www.mass.gov/rmv)**

- Schedule a Road Test
- Renew Your Driver's License
- Renew Your Registration
- Pay Citations/Court Hearing Fee
- Replace Your Driver's License

- Request a Duplicate Title
- Request a Duplicate Registration
- Change Your Address
- Cancel My Plate/Registration
- Order a Special Plate

**NEED TO VISIT AN RMV OFFICE?**  
**SAVE TIME**  
 Complete Your  
 Application Online!

**VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

#498-204/2020

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

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

<b>PRODUCER</b> Lighthouse Insurance Agency, Ltd 470 West Broadway  South Boston MA 02127	<b>CONTACT NAME:</b> Meghan Tracy <b>PHONE (A/C, No, Ext):</b> (617) 464-3777 <b>E-MAIL ADDRESS:</b> meghan.tracy@lighthouseins.net	<b>FAX (A/C, No):</b> (617) 464-3888
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Dhanraj Mahase, DBA: MHS Worldwide LLC 275 Grove Street Suite 2-400 Newton MA 02466	<b>INSURER A:</b> Lancer Insurance Company	
	<b>INSURER B:</b> Liberty Mutual	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		<b>NAIC #</b> 28077

**COVERAGES**

CERTIFICATE NUMBER: CL20101442772

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BA174075#2	10/10/2020	10/10/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC5-31S-618874-019	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. DISEASE - POLICY LIMIT \$ 500,000

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

Massport is listed as Additional Insured.  
 2019 Cadi Escalade (1GYS4JKJ0KR288751) plate# LV81607.

**CERTIFICATE HOLDER****CANCELLATION**

Massport Authority 1 Harborside Drive  East Boston MA 02228	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 

*Don's Car Service*

395 Lexington Street  
Auburndale, MA 02466  
617-962-4446

10/06/20  
Received \$25.00  
Money order  
# 19-124237086

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

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

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

Respectfully Submitted,

Don LaPlante

*Donald LaPlante*

RECEIVED  
2020 OCT -6 PM 1:32  
CITY CLERK  
NEWTON, MA. 02459



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

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

1. Name of Applicant: Donald LaPlante
2. Business Name: Dons Car Service  
Business Address: 395 Lexington St. Auburndale, ma. 02466  
Business Telephone Number:  
email address: Donscarservice@live.com

3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

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

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

SOLE PROPRIETORSHIP

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

Donald LaPlante - 395 Lexington St. Auburndale ma. 02466

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

NO

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

NO

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

Donald LaPlante - owner - 617-510-1485

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Donald LaPlante - Dons car service - 395 Lexington St. Auburndale - ma 02466  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
donscarservice@live.com 617-510-1485  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>nd</sup> INSPECTION (mileage & meter #)
1. 8TL428	# 14	57DJZ3DC6HS166094				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: Don's Car Service

Address: 395 Lexington Street

City/State/Zip Auburndale 02466 Phone #: 617-510-1485

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

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

Signature: Ronald Laplante Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



Commonwealth of Massachusetts  
City of Newton  
Business Certificate

370  
City Clerk's Use Only

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

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

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

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

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

[Signature]  
Notary Public  
My commission Expires: MA Drivers License Exp: 10/20/22  
Verified by ManaVasquez

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

This certificate expires: September 20, 2022  
Date

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



Setti D. Warren  
Mayor

# Inspectional Services Department

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

#499-20

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

## HOME BUSINESS/OFFICE AFFIDAVIT

BUSINESS NAME: Don's car service

PROPOSED USE: Phone and office use.

BUSINESS OWNER'S NAME: Donald LaPlante

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

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

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

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

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

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

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

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

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

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

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

Donald Laplante  
SIGNATURE OF BUSINESS OWNER

\_\_\_\_\_  
DATE

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

X Anna Likely  
SIGNATURE OF HOME OWNER

\_\_\_\_\_  
DATE


\_\_\_\_\_  
ISD OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTH DEPARTMENT (IF APPLICABLE)

\_\_\_\_\_  
DATE



Plate Type <b>PAN</b>	Registration Type <b>PASSENGER NORMAL RED</b>	Plate Number <b>8TL428</b>	Effective Date <b>01-Sep-2020</b>	Title Number <b>CA403262</b>	Expires On <b>→</b>	Month <b>08</b>	Year <b>22</b>
Model Year <b>2017</b>	Make <b>TOYT</b>	Model <b>SIENNA</b>	Body Style <b>VAN</b>	Color(s) <b>GRAY</b>	Vehicle Identification Number <b>5TDJZ3DC6HS166094</b>		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address <b>395 LEXINGTON ST APT 3 AUBURNDALE MA 024661515</b>					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address   <b>015348 *****AUTO**5-DIGIT 02459</b> <b>DONALD S LAPLANTE</b> <b>395 LEXINGTON ST APT 3</b> <b>AUBURNDALE MA 02466-1500</b>					Insurance Company <b>PROGRESSIVE DIRECT INSURANCE COMPANY</b>		
					Maximum Seating Capacity for Vehicles for Hire <b>7</b>		
					Signature of Registrar <i>James J. Jelen</i> <b>Not Valid Without Official Signature of Registrar</b>		
Lessee/In Custody Of							
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

## 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](http://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](http://www.mass.gov/rmv) for more information.
- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

221482095

**Policy Number: 913391052**

Underwritten by:  
Progressive Direct Insurance Co  
July 13, 2020  
Policy Period: Aug 7, 2020 - Feb 7, 2021  
Page 1 of 3

DONALD S LAPLANTE  
395 LEXINGTON ST  
3  
AUBURNDALE, MA 02466

**progressive.com**

**Online Service**

Make payments, check billing activity, update policy information or check status of a claim.

# Auto Insurance Coverage Summary

## This is your Renewal Coverage Selections Page

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage begins on August 7, 2020 at 12:01 a.m. This policy expires on February 7, 2021 at 12:01 a.m.

This page and any attached endorsements form a part of your policy and contain a full explanation of your coverage. The policy contract is form 9609D MA (11/16). The contract is modified by forms A057 MA (05/14), Z538 MA (05/14), Z624 MA (05/14), Z625 MA (11/07), 9869 MA (05/14) and Z628 MA (11/07).

### Drivers and household residents

Additional information

Donald S LaPlante

Named insured

Alba LaPlante

#### INSURANCE IDENTIFICATION CARD - Massachusetts

**Policy Number:** 913391052      **NAIC Number:** 16322  
**Effective Date:** 08/07/2020      **Expiration Date:** 02/07/2021  
**Insurer:** Progressive Direct Insurance Co 1-800-776-4737  
P.O. Box 31260 Tampa, FL 33631  
**Named Insured(s):**  
Donald S LaPlante  
Alba LaPlante  
**Year Make Model VIN**  
2017 TOYOTA SIENNA 5TDJZ3DC6HS166094

FOLD FOLD

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



**Outline of coverage**

This policy provides only the coverages for which a premium charge is shown.

**Auto 1**

**2017 TOYOTA SIENNA SPORT VAN**

VIN: **5TDJZ3DC6HS166094**

Principal garaging address: 02466

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: Less than 1 month

Information regarding your vehicle history (prior damage, theft or title issues) has impacted how we determine your premium.

**Coverages Parts 1-12**

<b>Compulsory insurance</b>	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$212
Personal Injury Protection (Part 2)	\$8,000 each person	\$250	26
Deductible applies to You and household members			
Bodily Injury Caused by An Uninsured Auto (Part 3)	\$50,000 each person/\$100,000 each accident		7
(Compulsory Limits \$20,000/\$40,000)			
Damage to Someone Else's Property (Part 4)	\$50,000 each accident		144
(Compulsory Limit \$5,000)			
<b>Optional insurance</b>	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$50,000 each person/\$100,000 each accident		20
Collision (Part 7)	Actual Cash Value	\$1,000 w/waiver	207
Comprehensive (Part 9)	Actual Cash Value	\$1,000	31
Comprehensive Window Glass			
			\$100 glass
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		52
<b>Total 6 month policy premium</b>			<b>\$699.00</b>

**Part 5 - Optional Bodily Injury To Others**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

**Premium discounts**

Several discounts are available and your premium has been reduced if one or more discounts are indicated below. Contact customer service for further details.

Policy	913391052	Five-Year Accident Free, Electronic Funds Transfer (EFT), Online Quote, Continuous Insurance: Platinum and Three-Year Safe Driving
Driver	Donald S LaPlante	65 Plus
Vehicle	2017 TOYOTA SIENNA	Smart Technology Discount

Smart Technology Discount <sup>SM</sup> is a service mark of Progressive Casualty Ins. Co.

**Lienholder information**

<b>Vehicle</b>	<b>Lienholder</b>
2017 TOYOTA SIENNA 5TDJZ3DC6HS166094	TOYOTA MOTOR CREDIT ATLANTA, GA 30348



11-2-2020

#500-20

AMERICAN TRUCK and EQUIPMENT SALES LLC

274 DEDHAM ST  
NEWTON MA. 02461

617-834-5964

Michael Gimmelfarb  
Owner

11/2/20

Received  
\$ 25 Check  
# 1574

---

To whom it may concern!  
I am requesting renewal of my public auto  
transportation license

Thank you!

Michael Gimmelfarb

Michael Gimmelfarb

RECEIVED

2020 NOV - 2 AM 9:26

CITY CLERK  
NEWTON, MA. 02459

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

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

- 1. Name of Applicant: *Michael Gimmelfarb*
- 2. Business Name: *AMERICAN TRUCK and EQUIPMENT SALES, LLC*  
 Business Address: *274 DEDHAM ST NEWTON MA 02461*  
 Business Telephone Number: *617-834-5964*  
 email address: *mgim@VERIZON.NET*

- 3. Total number of Licenses: *1*  
     PUBLIC AUTO = *1*  
     TAXI LICENSE =

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

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

6. If the business is a sole proprietor, please state the full name and address of the owner:  
*MICHAEL GIMMELFARB*  
*274 DEDHAM ST NEWTON MA. 02461*

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

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

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

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: MICHAEL GIMMELFARB AMERICAN TRUCK and EQUIPMENT SALES 617-834-5964  
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)  
mgim@verizon.net 27A DEDHAM ST  
 (email address) (Company Address)  
NEWTON MA 02461

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>ND</sup> INSPECTION (mileage & meter #)
1. LV76277	2	4JGDFLEESGA687895				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: AMERICAN TRUCK and EQUIPMENT SALES LLC

Address: 274 Dedham st

City/State/Zip: NEWTON MA 02461 Phone #: 617-834-5964

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

\*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: 11-2-20

Phone #: 617-834-5964


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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

 **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](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.



**William Francis Galvin**  
 Secretary of the Commonwealth of Massachusetts

# Corporations Division

## Business Entity Summary

**ID Number: 263114478**

[Request certificate](#)

[New search](#)

**Summary for: AMERICAN TRUCK & EQUIPMENT SALES, LLC**

<b>The exact name of the Domestic Limited Liability Company (LLC):</b> AMERICAN TRUCK & EQUIPMENT SALES, LLC		
<b>Entity type:</b> Domestic Limited Liability Company (LLC)		
<b>Identification Number:</b> 263114478		<b>Old ID Number:</b> 000983751
<b>Date of Organization in Massachusetts:</b> 08-06-2008		
<b>Last date certain:</b>		
<b>The location or address where the records are maintained (A PO box is not a valid location or address):</b>		
Address: 274 DEDHAM STREET		
City or town, State, Zip code,      NEWTON, MA 02461 USA		
Country:		
<b>The name and address of the Resident Agent:</b>		
Name:      MICHAEL GIMMELFARB		
Address: 274 DEDHAM ST.		
City or town, State, Zip code,      NEWTON, MA 02461 USA		
Country:		
<b>The name and business address of each Manager:</b>		
<b>Title</b>	<b>Individual name</b>	<b>Address</b>
MANAGER	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA
<b>In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:</b>		
<b>Title</b>	<b>Individual name</b>	<b>Address</b>
SOC SIGNATORY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA
<b>The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:</b>		
<b>Title</b>	<b>Individual name</b>	<b>Address</b>
REAL PROPERTY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

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

PLATE TYPE LVN	REGISTRATION NUMBER LV76277	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 08/01/19	EXPIRES LAST DAY OF →	MONTH 07	YEAR 21	TRANSACTION NUMBER 92917600007093										
MFRS MODEL YEAR 2016	MAKE MERZ	MODEL GL350	BODY STYLE/TYPE SUV	COLOR BLACK	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 5										
VEHICLE IDENTIFICATION NUMBER 4JGDF2EE5GA687895	INSURANCE COMPANY SAFETY INSURANCE	TITLE NUMBER BR494584	REGISTRAR <i>Cher L. Dewey</i>		TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.												
RESIDENTIAL ADDRESS (IF DIFFERENT)				NAME(S) OF OWNER(S) AND MAILING ADDRESS 014153 *****AUTO**5-DIGIT 02459 AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON MA 02461-2045													
FEEES				<table> <tr><td>REGISTRATION</td><td>90.00</td></tr> <tr><td>TITLE</td><td>0.00</td></tr> <tr><td>SPECIAL PLATES</td><td>0.00</td></tr> <tr><td>SALES TAX</td><td>0.00</td></tr> <tr><td><b>TOTAL</b></td><td><b>90.00</b></td></tr> </table>				REGISTRATION	90.00	TITLE	0.00	SPECIAL PLATES	0.00	SALES TAX	0.00	<b>TOTAL</b>	<b>90.00</b>
REGISTRATION	90.00																
TITLE	0.00																
SPECIAL PLATES	0.00																
SALES TAX	0.00																
<b>TOTAL</b>	<b>90.00</b>																
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION</b> <b>REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.																	

SPECIAL MESSAGE IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.	CHANGE OF ADDRESS STREET ADDRESS CITY, STATE, ZIP CODE
--	--

**Important Information for Vehicle Owners**

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

**PLATE DECAL APPLICATION INSTRUCTIONS**

1. Gently peel the decal from the form.
  2. Place the decal on the rear plate in the top right corner next to the word Massachusetts.
  3. Firmly rub the decal to adhere it to the plate.
- For best results, bring decal to room temperature before affixing to the plate.



The best way to renew your registration is online at  
[www.mass.gov/rmv](http://www.mass.gov/rmv)

211507400





# CERTIFICATE OF LIABILITY INSURANCE

#500-20

~~#400-13~~DATE (MM/DD/YYYY)  
07/02/2019

<b>PRODUCER</b> DVORKIN INS AGENCY 2001 BEACON ST BRIGHTON, MA 02135 617 731-4554	<b>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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON, MA 02461	INSURER A: SAFETY INSURANCE 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
		<b>GENERAL LIABILITY</b> <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 \$
	X	<b>AUTOMOBILE LIABILITY</b> <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 _____	2704787	05/21/2019	05/21/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				COLL 1000 COMP 1000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 2016 MERZ GL350 VIN: 4JGDF2EE5GA687895 LICENSE S77379285

CERTIFICATE HOLDER IS ALSO AND ADDITIONAL INSURED

<b>CERTIFICATE HOLDER</b> MASSACHUSETTS PORT AUTHORITY ONE HARBORSIDE DR SUITE 200S EAST BOSTON MA 02128	<b>CANCELLATION</b> 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. AUTHORIZED REPRESENTATIVE DVORKIN INS AGENCY <i>Shirley</i>
---	---

NOV 17 2020

Gregorio Cedeño

9 Elmwood Park Apt 2

Newtonville

Application request for  
Public Auto renewal license

RECEIVED  
2020 NOV 17 AM 10:59  
CITY CLERK  
NEWTON, MA. 02459



Bill Cart	
Items In Cart:	1
Subtotal:	\$ 25.00
<a href="#">View Cart</a>	<a href="#">Checkout</a>

November 17, 2020 at 10:54 am

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
Clerk Order System					
	2020	1	<del>NEWTON LIMOS COMPANY</del> <i>BACE</i> <i>OK</i>	ONLINE	\$25.00
			<i>D. Delaney</i>	1 x \$25.00	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

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

Transaction Code: CHS-NEWTON-MA-US-4253741

Reference Code: 134441367/134441368

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

[Print Receipt](#)

[Return to ePOS Catalog](#)



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

[Terms & Conditions of Use](#)  
[Security & Privacy](#)

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

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

- 1. Name of Applicant: Jose Gregorio Cedeno
- 2. Business Name: Base Limousine Services LLC  
 Business Address: 9 Elmwood Park, Newtonville MA 02460  
 Business Telephone Number: 786 271 5814  
 email address: cedenojg@me.com

3. Total number of Licenses: 01

PUBLIC AUTO = 01

TAXI LICENSE =

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

CITY CLERK  
NEWTON, MA, 02459

2008 NOV 17 AM 9:58

RECEIVED

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:

José Gregorio Cedeno  
9 Elmwood Park Newtonville MA 02460

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

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

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

José Gregorio Cedeno / 786 271 5814

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: Jose Gregorio Cadenas Barco Limousine Services LLC 9 Elmwood Park, Newtonville MA 02460 / 7862715814  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
cadenasgreg@me.com  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>ND</sup> INSPECTION (mileage & meter #)
1. LV 85929		1GNSCHK46R242666	57024			
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: Bace Limousine Services LLC  
Address: 9 Elmwood Park Newtonville MA 02460  
City/State/Zip: Newton MA 02460 Phone #: 786 271 5814

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_ Date: 11-16-2020

Phone #: 786 271 5814

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: \$500.00

#501-20

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

Certificate of Organization

Identification Number: 001411452

1. The exact name of the limited liability company is: BACE LIMOUSINE SERVICES LLC

2a. Location of its principal office:

No. and Street: 9 ELMWOOD PARK APT 2  
City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 9 ELMWOOD PARK APT 2  
City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USA

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

LIMOUSINE AND TRANSPORTATION SERVICES

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JOSE GREGORIO CEDENO GOMEZ  
No. and Street: 9 ELMWOOD PARK APT 2  
City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USA

I, JOSE GREGORIO CEDENO GOMEZ resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

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

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	JOSE GREGORIO CEDENO GOMEZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	JOSE GREGORIO CEDENO GOMEZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JOSE GREGORIO CEDENO GOMEZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460 USA

9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 14 Day of November, 2019,**  
JOSE GREGORIO CEDENO GOMEZ

*(The certificate must be signed by the person forming the LLC.)*



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

EXTERNAL CODE <b>LVN</b>		REGISTRATION TYPE <b>Livery Normal</b>		PLATE NUMBER <b>LV85929</b>	EFFECTIVE DATE <b>01-Oct-2019</b>	TITLE NUMBER <b>CA056667</b>	<b>30-Sep-2021</b>
MODEL YEAR <b>2016</b>	MAKE <b>CHEV</b>	MODEL <b>SUBURB</b>	MODEL NUMBER	BODY STYLE <b>SEDAN</b>	COLOR <b>BLACK</b>	VEHICLE IDENTIFICATION NUMBER <b>1GNSCHKC4GR242566</b>	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER	
GARAGE ADDRESS <b>9 ELMWOOD PARK NEWTONVILLE MA 02460-1809</b>						UB DOT NUMBER FOR COMMERCIAL VEHICLE	
NAME(S) OF OWNER(S) AND MAILING ADDRESS <b>JOSE G CEDENO AND NORMA B SOSA 9 ELMWOOD PARK NEWTONVILLE MA 02460-1809</b>						INSURANCE COMPANY <b>LANCER INSURANCE COMPANY</b>	
LESSEEN IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE <b>7</b>	
						<i>James J. Isten</i> Registrar of Motor Vehicles	
SPECIAL MESSAGE					CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE		

**Important information for vehicle owners**

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit [mass.gov/rmv](http://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](http://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.





NOV 17 2020

NOEL DIAZ

9 elmwood park

APT 2 Newtonville

Application request for  
Public Auto renewal License

RECEIVED

2020 NOV 17 AM 10:59

CITY CLERK  
NEWTON, MA. 02459



#502-20

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

November 17, 2020 at 10:34 am

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
<b>Clerk Order System</b>					
	2020	1	NEWTON LIMOS COMPANY	ONLINE	\$25.00
			PUBLIC AUTO	1 x \$25.00	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

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

Transaction Code: CHS-NEWTON-MA-US-4253624

Reference Code: 134438917/134438920

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

[Print Receipt](#)

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For help, Monday-Friday 8:30AM-5PM ET, please call 508-381-5455.

Terms & Conditions of Use  
Security & Privacy

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

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

- 1. Name of Applicant: NOEL DIAZ
- 2. Business Name: Newton Limos company  
 Business Address:  
 Business Telephone Number: 617 775 4735  
 email address: noelstepa@icloud.com

RECEIVED  
 2020 NOV 17 AM 9:55  
 CITY CLERK  
 NEWTON, MA. 02450

- 3. Total number of Licenses:  
 PUBLIC AUTO = 1  
 TAXI LICENSE =

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

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

6. If the business is a sole proprietor, please state the full name and address of the owner:  
 NOEL C. DIAZ 9 elmwood park APT 2 Newtonville

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

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

9. Please provide the name, title and business telephone number of the person to contact concerning complaints:  
 Noel Diaz owner 617 775 4735

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: NOEL DIAZ      Newton Limos company      9 elmwood park APT 2      617 775 4735  
(Owner Name)                      (Company Name)                      (Company Address)                      (Company Phone Number)  
noelestepa@icloud.com  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>nd</sup> INSPECTION (mileage & meter #)
1. LV88175		2G61M5S33K9115510		30199		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: Newton Limos company  
Address: 9 elmwood park apt 2 Newtonville  
City/State/Zip: 02460 Phone #: 617 775 4735

**Are you an employer? Check the appropriate box:**

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

**Business Type (required):**

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

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

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

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

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

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

Signature: [Signature] Date: 11/17/2020

Phone #: 617 775 4735

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

City or Town: \_\_\_\_\_ 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: \$500.00

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

**Certificate of Organization**

(General Laws Chapter 156C)

Identification Number: 001420768

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

**2a. Location of its principal office:**

No. and Street: 9 ELMWOOD PARK APT2  
City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USA

**2b. Street address of the office in the Commonwealth at which the records will be maintained:**

No. and Street: 9 ELMWOOD PARK APT 2  
City or Town: NEWTONVILLE State: MA Zip: 02460-1809 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:  
LIMOUSINE AND TRANSPORTATION SERVICES

**4. The latest date of dissolution, if specified:**

**5. Name and address of the Resident Agent:**

Name: MARIA A OCANDO  
No. and Street: 9 ELMWOOD PARK APT 2  
City or Town: NEWTONVILLE State: MA Zip: 02460 Country: USA

I, MARIA A OCANDO resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

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

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	NOEL C DIAZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460 USA

**7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	NOEL C DIAZ	9 ELMWOOD PARK APT 2 NEWTONVILLE, MA 02460

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	NOEL C DIAZ	9 ELMWOOD PARK APT2 NEWTONVILLE, MA 02460 USA

9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 15 Day of January, 2020,**

NOEL C DIAZ

*(The certificate must be signed by the person forming the LLC.)*





REGISTRY OF MOTOR VEHICLES

# CERTIFICATE OF REGISTRATION 2-20

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

EXTERNAL CODE <b>LVN</b>		REGISTRATION TYPE <b>Livery Normal</b>		PLATE NUMBER <b>LV88175</b>	EFFECTIVE DATE <b>21-Jan-2020</b>	TITLE NUMBER	<b>EXPIRES ON</b> <b>31-May-2021</b>
MODEL YEAR <b>2019</b>	MAKE <b>CADI</b>	MODEL <b>XTS</b>	MODEL NUMBER	BODY STYLE <b>SEDAN</b>	COLOR <b>BLACK</b>	VEHICLE IDENTIFICATION NUMBER <b>2G61M5S33K9115510</b>	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER	
GARAGE ADDRESS <b>9 ELMWOOD PARK APT 2 NEWTONVILLE MA 02460-1809</b>						US DOT NUMBER FOR COMMERCIAL VEHICLE	
NAME(S) OF OWNER(S) AND MAILING ADDRESS <b>NOEL C DIAZ 9 ELMWOOD PARK APT 2 NEWTONVILLE MA 02460-1809</b>						INSURANCE COMPANY <b>Progressive Direct Insurance Company</b>	
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE	
						<i>James J. Jelen</i> Registrar of Motor Vehicles	
SPECIAL MESSAGE					CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE		

### Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit [mass.gov/rmv](http://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](http://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](http://Mass.Gov/RMV) for list of available transactions.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

#502-20 01/21/2020

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

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

PRODUCER Lighthouse Insurance Agency, Ltd 170 West Broadway South Boston MA 02127	CONTACT NAME:	
	PHONE (A/C, No, Ext): (617) 464-3777	FAX (A/C, No): (617) 464-3888
INSURED Noel Diaz 9 ELMWOOD PARK APT 2 NEWTONVILLE MA 02460	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Progressive Ins Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

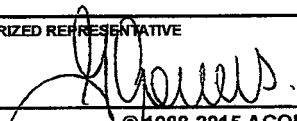
**COVERAGES**      **CERTIFICATE NUMBER:** CL2012140682      **REVISION NUMBER:**

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 TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			01692546-0	01/21/2020	01/21/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate is provided to Holder as proof of active coverage for above Named Insured.  
 2019 Cadillac Xts 2G61M5S33K9115510  
 Noel Diaz S96549714 DOB: 09/26/1966

<b>CERTIFICATE HOLDER</b>  Massachusetts Port Authority 1 Harborside Drive Suite 200S East Boston MA 02128	<b>CANCELLATION</b>  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 

Named insured

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

**Policy number: 01692546-0**

Underwritten by:  
Progressive Casualty Insurance Co  
January 22, 2020  
Policy Period: Jan 21, 2020 - Jan 21, 2021  
Page 1 of 2

**progressiveagent.com**

**Online Service**

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

**1-617-464-3777**

**LIGHTHOUSE INSURANCE**

Contact your agent for personalized service.

**1-800-444-4487**

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

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

Your coverage began the later of January 21, 2020 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on January 21, 2021 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. Compulsory limits are included in, not in addition to, optional limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852MA (05/06), 1652MA (05/06), 1198 (01/04), 4852MA (04/06), 4881MA (04/11) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$6,190
Compulsory Bodily Injury Liability	\$20,000 each person/\$40,000 each accident		
Compulsory Property Damage Liability	\$5,000 each accident		
Optional Bodily Injury / Property Damage	\$1,000,000 combined single limit		
Uninsured Motorist Bodily Injury	\$20,000 each person/\$40,000 each accident		47
Underinsured Motorist Bodily Injury	\$20,000 each person/\$40,000 each accident		81
Personal Injury Protection	\$8,000 limit per person	\$0	811
Comprehensive			405
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			2,167
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$9,701</b>
Fees			60
<b>Total 12 month policy premium and fees</b>			<b>\$9,761</b>

### Rated driver

1. NOEL C DIAZ

#

10/21/20

#503-20

To the Newton City Council

10/21/20

Received  
\$25.

I am requesting a renewal for payment  
my public auto licence.

Credit  
card

ISMAL LISKOC



RECEIVED

2020 OCT 21 PM 3:07

CITY CLERK  
NEWTON, MA 02459



Bill Cart	
Items: <del>#500</del> -20	1
Subtotal:	\$ 25.00
<a href="#">View Cart</a>	<a href="#">Checkout</a>

October 21, 2020 at 3:09 pm

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
<b>Clerk Order System</b>					
	2020	1	IZMOLINO LLC	ONLINE	\$25.00
			PUBLIC AUTO LIC	1 x \$25.00	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

*D. Delaney*

**These charges will appear as "Newton, MA" and "CITY HALL SYSTEMS".**

Transaction Code: CHS-NEWTON-MA-US-4151161

Reference Code: 131822804/131822807

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

[Print Receipt](#)

[Return to ePOS Catalog](#)



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For help, Monday-Friday 8:30AM-5PM ET, please call 508-381-5455.

[Terms & Conditions of Use](#)  
[Security & Privacy](#)

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

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

- 1. Name of Applicant: ISMAIL UNKOC
- 2. Business Name: 12MOLIMO.LLC  
Business Address: 184 River St. West Newton 02465  
Business Telephone Number: 6177754784  
email address: ismail@ismailunkoc.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:

—

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

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

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

ISMAIL UNKOC, OWNER, 6177754784

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

#503-20

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

ismail@ismailunkoc.com  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>nd</sup> INSPECTION (mileage & meter #)
1. LV86122		2G61M5S3919156660	71,800	-		
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: 12MOLIMO.LLC

Address: 184 River St.

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

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

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

Signature: [Signature] Date: 10/21/20

Phone #: 617 775 4784

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

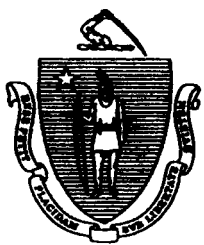
City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_





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

**William Francis Galvin**  
Secretary of the  
Commonwealth

**January 22, 2020**

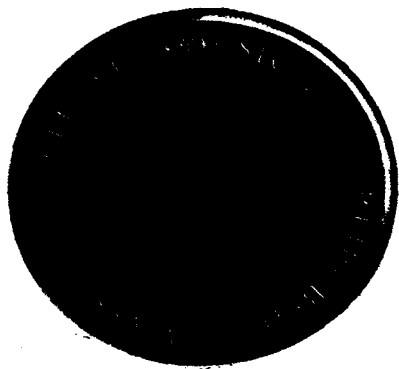
**TO WHOM IT MAY CONCERN:**

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

**IZMOLIMO LLC**

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

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



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

*William Francis Galvin*  
Secretary of the Commonwealth

#129-20  
#503-20



# CERTIFICATE OF REGISTRATION

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

**RMV Division**

PLATE TYPE LVN	REGISTRATION NUMBER LV86122	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 11/07/19	MONTH 02	YEAR 21	TRANSACTION NUMBER 02931142310114										
AFRS MODEL YEAR 2018	MAKE CADI	MODEL XTS	BODY STYLE/TYPE SEDAN	COLOR BLACK	Not valid without official signature of Registrar											
VEHICLE IDENTIFICATION NUMBER 2G61M5S39J9156660		INSURANCE COMPANY PROGRESSIVE CASLTY	TITLE NUMBER EXAM	REGISTRAR <i>James Jelen</i>	IF VEHICLE CARRYING PASSENGERS FOR HIRE: NUMBER OF PASSENGERS THAT CAN BE SEATED. 05	TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER										
RESIDENTIAL ADDRESS (IF DIFFERENT) 184 RIVER ST W NEWTON, MA 02465				FEES												
NAME(S) OF OWNER(S) AND MAILING ADDRESS UNKOC, ISMAIL 184 RIVER ST W NEWTON, MA 02465				<table border="0"> <tr> <td>REGISTRATION</td> <td>66.50</td> </tr> <tr> <td>TITLE</td> <td>0.00</td> </tr> <tr> <td>SPECIAL PLATES</td> <td>0.00</td> </tr> <tr> <td>SALES TAX</td> <td>0.00</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>66.50</b></td> </tr> </table>			REGISTRATION	66.50	TITLE	0.00	SPECIAL PLATES	0.00	SALES TAX	0.00	<b>TOTAL</b>	<b>66.50</b>
REGISTRATION	66.50															
TITLE	0.00															
SPECIAL PLATES	0.00															
SALES TAX	0.00															
<b>TOTAL</b>	<b>66.50</b>															
<b>MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION</b> The records of the RMV database constitute the official status of the vehicle registration.																

**SPECIAL MESSAGE**  
IF THIS VEHICLE IS NEWLY ACQUIRED, IT MUST BE INSPECTED WITHIN SEVEN (7) DAYS OF REGISTRATION.

**CHANGE OF ADDRESS**

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

### Important Information for Vehicle Owners

Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.

By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: [www.mass.gov/rmv](http://www.mass.gov/rmv) or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.

- Return the registration plates to the RMV immediately if:
- The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the *Bill of Sale, Title, and completed Reassignment of Title* for your records to document the transfer.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

**Transferring Your Plates:** Massachusetts law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. All of the following must be met: 1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration Certificate*; 2. You transfer ownership of this vehicle to another person or permanently lose possession of it (such as through repossession, etc.); 3. The newly acquired vehicle is of the same vehicle type (passenger vehicle to passenger vehicle, trailer to trailer, etc.); the same registration type (passenger to passenger, commercial to commercial); and has the same number of wheels; and, 4. The seller and buyer properly complete the Assignment of the Certificate of Title (for the newly acquired "used" vehicle) or Certificate of Origin (if a "new" vehicle). If all of the above are met, you may operate the newly acquired vehicle with the transferred plates up to 5:00 pm of the 7th calendar day following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you must carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle and this *Registration Certificate* when operating the vehicle. See *FAQs About the Seven-Day Registration Transfer Law* on the RMV's website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

**No Insurance Card Required:** Massachusetts's law does not require an insurance card. The law, M.G.L. Chapter 90, Section 34A and Chapter 175, Section 113A requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. If an insurer is identified on the face of this *Registration Certificate*, it is required by law to electronically notify the RMV (Registry of Motor Vehicles) if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's office.

### Be first in line by going online at [www.mass.gov/rmv](http://www.mass.gov/rmv)

- Schedule a Road Test
- Renew Your Driver's License
- Renew Your Registration
- Pay Citations/Court Hearing Fee
- Replace Your Driver's License
- Request a Duplicate Title
- Request a Duplicate Registration
- Change Your Address
- Cancel My Plate/Registration
- Order a Special Plate

**NEED TO VISIT AN RMV OFFICE?**  
SAVE TIME  
Complete Your  
Application Online!



# CERTIFICATE OF LIABILITY INSURANCE

#129-20  
#503-20

DATE (MM/DD/YYYY)  
01/30/2020

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

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

<b>PRODUCER</b> Lighthouse Insurance Agency, Ltd 470 West Broadway South Boston MA 02127		<b>CONTACT NAME:</b> Pablo DeOliveira <b>PHONE (AUC. No. Ext.):</b> (617) 464-3777 <b>FAX (AUC. No.):</b> (617) 464-3888 <b>E-MAIL ADDRESS:</b> pablo.deoliveira@lighthouseins.net	
<b>INSURED</b> Iemail Unkoc DBA Izmolimo LLC 184 River St West Newton MA 02465		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Progressive Casualty Ins Co. NAIC # 24260 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2013040788      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSRD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COMPROP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		01350076-0	11/07/2019	11/07/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE    OTH-ER
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Massport is listed as Additional Insured.  
Insured Vehicle: 2018 Cadillac Xts LUXRY 2G61M5S39J9156660 Plate# LV86122;

<b>CERTIFICATE HOLDER</b> Massport 1 Harborside Drive Suite 200S East Boston MA 02128	<b>CANCELLATION</b> 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>Pablo De Oliveira</i>
---	--

#504-20  
11/4/20  
Received \$25.00  
Check  
# 1065

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

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

- 1. Name of Applicant: **RAJIV KUMAR**
- 2. Business Name: **OM SAI ENTERPRISES INC.**  
Business Address: **2323 WASHINGTON ST APT #G3 NEWTON, MA 02462**  
Business Telephone Number: **781-985-9461**  
email address: **RAJIVBERLIN@YAHOO.COM**
- 3. Total number of Licenses: **1**  
**PUBLIC AUTO = 1**  
**TAXI LICENSE = - N -**

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

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

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

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

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):

**RAJIV KUMAR - PRESIDENT**  
**MARCITA RICHARD KUMAR - TREASURER.**

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

**RAJIV KUMAR - PRESIDENT**  
**PH: 781-985-9461**

RECEIVED  
2020 NOV -4 PM 4:00  
CITY CLERK  
NEWTON, MA 02459

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: RAJIV KUMAR OM SAI ENTERPRISE INC. 2323 WASHINGTON ST. APT. G3  
 (Owner Name) (Company Name) (Company Address) NEWTON (Company Phone Number)  
MA-02462 781-985-9461  
RAJIVBERLIN@YAHOO.COM  
 (email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>nd</sup> INSPECTION (mileage & meter #)
1. <u>LV 84072</u>	<u>MA</u>	<u>1GKS2GKC6HR318090</u>	<u>↳ 122786</u>	<u>#</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 RATIV KUMAR Please Print Legibly

Business/Organization Name: OM SAI ENTERPRISES INC.

Address: 2323 WASHINGTON ST. APT. G-3

City/State/Zip: NEWTON - MA 02468 Phone #: 781-985-9461

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: PROGRESSIVE CASUALTY CO.

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

City/State/Zip: West BRIDGEWATER, MA - 2379

Policy # or Self-ins. Lic. # 02836523-0 Expiration Date: 10/28/2021

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: 11/05/20

Phone #: 781-985-9461

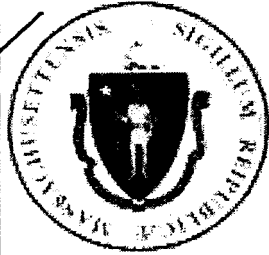
Official use only. Do not write in this area, to be completed by city or town official

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



The Commonwealth of Massachusetts  
William Francis Galvin

Minimum Fee: \$100.00

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

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

Identification Number: 465418141

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

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:  
Name: RAJIV KUMAR  
No. and Street: 34 CLARK ST, APT 1  
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

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

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

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

7. Briefly describe the business of the corporation:  
TRANSPORTATION

8. Capital stock of each class and series:

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

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

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

Filer's Contact Information

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

Contact Name: RAJIV KUMAR  
 Business Name:  
 No. and Street: 2323 WASHINGTON STREET  
APARTMENT G-3  
 City or Town: NEWTON State: MA Zip: 02462 Country: USA  
 Contact Phone: (781) 985-9461 ext:  
 Contact Email: apathancpa@gmail.com

Please provide an email address to receive an expedited response from the Corporations Division.  
 If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

Please select delivery method for annual report notices:       Email      apathancpa@gmail.com  
     Mail

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





# 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 LV84072		EFFECTIVE DATE 01-Mar-2020		TITLE NUMBER BU542429		EXP. RES. ON 28-Feb-2022	
MODEL YEAR 2017	MAKE GMC	MODEL YUKOXL	MODEL NUMBER XL	BODY STYLE SUV	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 1GKS2GKC6HR318090					
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
GARAGE ADDRESS 2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431						US DOT NUMBER FOR COMMERCIAL VEHICLE					
NAME(S) OF OWNER(S) AND MAILING ADDRESS OM SAI ENTERPRISES INC 2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431						INSURANCE COMPANY Arbella Protection Insurance Company					
						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE 7					
LESSEE/IN CUSTODY OF						James J. Jerlen Registrar of Motor Vehicles					
SPECIAL MESSAGE						CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE					

### Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit [mass.gov/rmv](http://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](http://mass.gov/rmv) for more information.
- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.



# CERTIFICATE OF LIABILITY INSURANCE

#504-20

DATE (MM/DD/YYYY)

10/28/20

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

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

<b>PRODUCER</b> <b>A One Insurance Agency</b> 104 Turnpike Street Suite 2 West Bridgewater, MA 02379	<b>CONTACT NAME:</b> Enrique Arce	
	<b>PHONE (A/C, No, Ext):</b> 508-659-5969	<b>FAX (A/C, No):</b> 508-955-2405
<b>E-MAIL ADDRESS:</b> enrique@aoneinsagency.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> <b>OM SAI Enterprises</b> 2323 Washington street, Apt G3 Newton, MA 02462	<b>INSURER A:</b>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	


**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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY				10/28/20		COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

Certificate holder is also named additionally insured  
 2017 GMC YUKON vin# 1GKS2GKC6HR318090 plate # LV84072  
 Rajiv Kumar

<b>CERTIFICATE HOLDER</b>  Massachusetts Port Authority One Harborside Drive, Suite 200S East Boston, MA 02128	<b>CANCELLATION</b> 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 

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#505-20

Received  
\$25.00 check #104

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

RECEIVED  
2020 NOV 17 AM 11:59  
CITY CLERK  
NEWTON, MA. 02459

November 3rd, 2020

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

Dear City Council,

My name is Lahcene Belhouchet, the President of Boston Cool Ride  
Limo Inc. I would like to obtain Public Auto License <sup>renewal</sup> to operate in  
Newton, MA.

Sincerely,

Lahcene Belhouchet

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

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

- 1. Name of Applicant: LAHCENE BELHOUCHE
- 2. Business Name: Boston Cool Ride Limo INC  
 Business Address: 32 Adams St Newton MA 02460  
 Business Telephone Number: # 617 869 3141  
 email address: belhouchet70@gmail.com
- 3. Total number of Licenses: 1

PUBLIC AUTO =

TAXI LICENSE =

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

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

corporation S

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

Lahcene Belhouchet

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

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

Boston Cool Ride Limo Inc

lahcene Belhouchet - president

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

lahcene Belhouchet, president

# 617 869 3141

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Lahcene Belhouche/Boston Cool Ride Limo Inc/ 32 Adams St Newton MA  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
belhouche70@gmail.com #6178697007  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>ND</sup> INSPECTION (mileage & meter #)
1. LV 65479		1GYS4GKJR	339279			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: Boston Cool Ride Limo LLC

Address: 32 Adams St

City/State/Zip: Newton MA 02460 Phone #: 617 8693141

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: 11/3/20

Phone #: 617 8693141

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

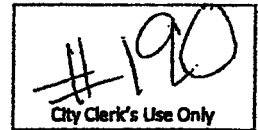
Issuing Authority (circle one):

- 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



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

Business Name	Boston Cool Ride Limo Inc			
Purposed Use	transportation			
Location of Business	Address	City	State	Zip code

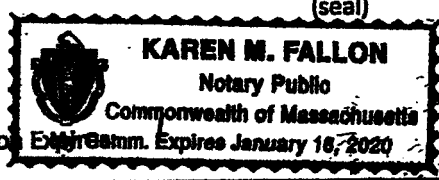
The full name and address of each person conducting such business:

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

On JUNE 12, 2017 the above named person(s) personally appeared before me and made oath that the foregoing statement is true. (seal)

*Karen M. Fallon*  
Notary Public

My commission Expires



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: June 12, 2021  
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.

If the proposed business is to be located in a residence, you must file a "Home Business Affidavit" with the Inspectional Services Department thereby acknowledging compliance with Newton's Home Business Ordinance.

**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.

MR-1

Zoning District

*Wce*

Attest

**Received in the City Clerk's Office**

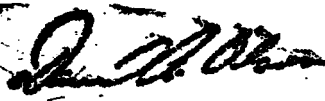
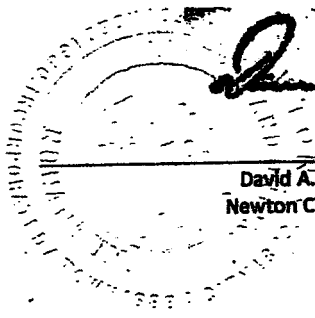
56

Book

190

Page

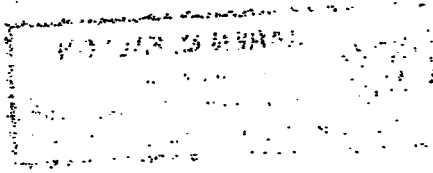
And entered in the records of business titles in the City Clerk's Office in the City of Newton

David A. Olson  
Newton City Clerk

Time Stamp

2017 JUN 12 P 3:53  
NEWTON, MASS  
BOARD OF ELECTION  
COMMISSIONERS







REGISTRY OF MOTOR VEHICLES

# CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this certificate  
#50520  
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV65479	Effective Date 01-Oct-2020	Title Number BV065320	Expires On →	Month 09	Year 22
Model Year 2018	Make CADI	Model ESCALA	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 1GYS4GKJ4JR339279		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 32 ADAMS ST NEWTON MA 024600000					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  003482 ****AUTO**ALL FOR AADC 021 LAHCENE BELHOUCHE 32 ADAMS ST NEWTON MA 02460-1203					Insurance Company ARBELLA PROTECTION INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 8		
Lessee/In Custody Of					Not Valid Without Official Signature of Registrar <i>James Jenker</i>		
Special Message				Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage			

## 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](http://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](http://www.mass.gov/rmv) for more information.
- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Skip the Line, Go Online! Visit [Mass.Gov/RMV](http://Mass.Gov/RMV) for list of available transactions.

221254485



# CERTIFICATE OF LIABILITY INSURANCE

#505-20  
DATE (MM/DD/YYYY)  
06/17/2020

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

**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).

<b>PRODUCER</b> Brown & Brown of Mass., LLC dba Rodman Insurance Agency 145 Rosemary St., Bldg. A Needham, MA 02494-3238 Evan Tobasky	781-247-7800		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 781-247-7800 E-MAIL ADDRESS: ADDRESS:	FAX (A/C, No): 781-444-0090
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Arbella Protection Insurance			NAIC # 41360
<b>INSURED</b> Lahcene Belhouchet Boston Cool Ride Inc. 32 Adams St Newton, MA 02460			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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 - COM/POP AGG \$ \$	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> \$1000 Deds <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp/Coil			1020065990	06/22/2020	06/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

2018 Cadillac 1GYS4GKJ4JR339279

<b>CERTIFICATE HOLDER</b>  Lahcene Belhouchet Boston Cool Ride Inc. 32 Adams St Newton, MA 02460	<b>CANCELLATION</b>  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 
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