



# Public Safety & Transportation Committee Agenda

## City of Newton In City Council

Wednesday, December 8, 2021

7:00 PM

The Public Safety & Transportation Committee will hold this meeting as a virtual meeting on Wednesday, December 8, 2021 at 7:00 pm. To view this meeting using Zoom use this link: <https://us02web.zoom.us/j/87332848892> or call 1-646-558-8656 and use the following Meeting ID: **873 3284 8892**

### Items Scheduled for Discussion:

- #425-21**      **Requesting renewal of bus license for Lasell University**  
VPNE PARKING SOLUTIONS, LLC. requesting biennial **renewal of one (1) bus license** for Lasell University. There are no changes proposed from the 2019 license.
- #426-21**      **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.
- #427-21**      **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.
- #428-21**      **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.
- #429-21**      **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).
- #430-21**      **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.

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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.

- #431-21 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.
- #432-21 Requesting renewal of public auto license**  
NOEL DIAZ, 46 Central Avenue, Newtonville, MA 02460 requesting **renewal of one (1) public auto license** for Newton Limos Company, LLC.
- #433-21 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.
- #434-21 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.
- #435-21 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.
- #436-21 Requesting to amend City Ordinance for expanding overnight permits in municipal lots**  
COUNCILORS BOWMAN, DOWNS, LUCAS, GREENBERG AND DANBERG requesting that City Ordinance Chapter 19, 19-200 C (4) **Resident sticker and visitor permit; municipal lot parking program** be reviewed including current enforcement and potential changes to the effective daily time of overnight permits for municipal lots to be changed from 7:00 pm to 7:00 am to all hours that parking meters are not in operation
- #188-21 Request for Ordinance Amendment to place Limitations on Firearms Business Licenses**  
COUNCILORS KRINTZMAN, DANBERG, DOWNS, KALIS, LAREDO, CROSSLEY, WRIGHT, NOEL, BOWMAN, HUMPHREY, GROSSMAN, LIPOF AND MARKIEWICZ requesting an ordinance that would limit the number of licenses to firearms dealers, gunsmithing and/or firing range licenses that may be awarded.

Respectfully submitted,

Andreae Downs, Chair



Received \$10. Check  
# 46734

November 8, 2021

To whom it may concern,

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

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

Thank you for your consideration.

Tom Ayling

A handwritten signature in black ink, appearing to be "Tom Ayling", written in a cursive style.

Operations Manager

VPNE Parking Solutions, LLC

CITY CLERK  
NEWTON, MA. 02459

2021 NOV 15 AM 10:46

RECEIVED

BUS LICENSE RENEWAL APPLICATION

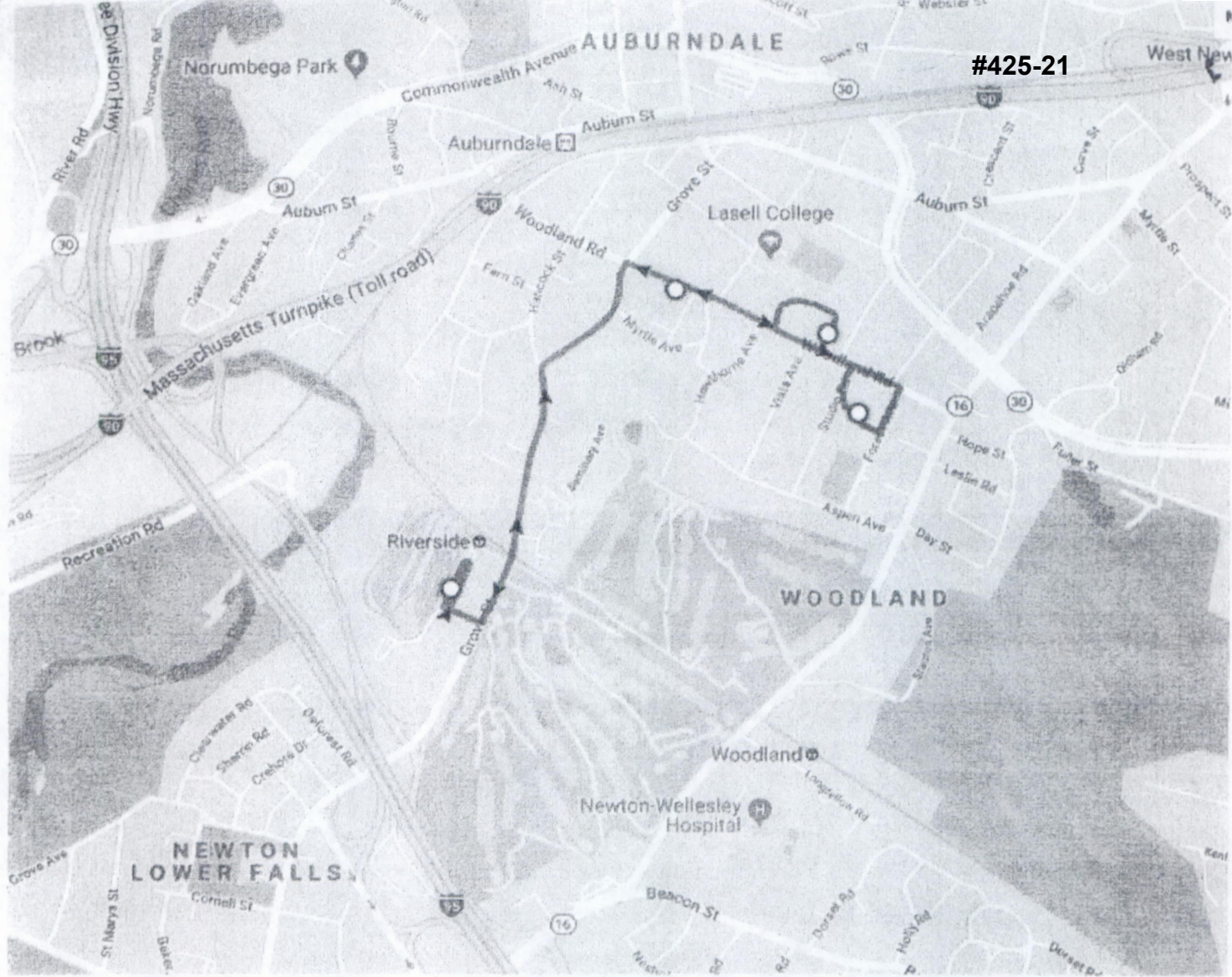
BUS LICENSE HOLDER: VPNE 350 Lincoln St Ste 1111 Hingham, MA 02043  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
taylor@vpne.com  
(email address)

Please list below for each Bus:

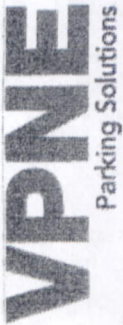
	VEHICLE REGISTRATION #	VEHICLE ID # (VIN)	ODOMETER READING
1.	<u>LV75337</u>	<u>1301</u>	<u>65083</u>
2.	<u>LV75327</u>	<u>1302</u>	<u>63552</u>
3.			



#425-21







**Lassel Shuttle Ridership: Monday-Friday**

Date:

MBTA/ RIVERSIDE	Riders	ARNOW CAMPUS CENTER	Riders	FOREST SUITES	Riders	MBTA/ RIVERSIDE	Riders	ARNOW CAMPUS CENTER	Riders	WOODLAND HALL	Riders	FOREST SUITES	Riders
7:00 AM		7:15 AM		7:20 AM		7:30 AM				7:40 AM		7:45 AM	
8:00 AM		8:15 AM		8:20 AM		8:30 AM		8:40 AM		8:45 AM		8:50 AM	
9:00 AM		9:15 AM		9:20 AM		9:30 AM		Drop Only		10:05 AM			
		10:15 AM		10:20 AM		10:30 AM							
11:00 AM		11:15 AM		11:20 AM		11:30 AM				11:40 AM			
12:00 PM		12:15 PM		12:20 PM		12:30 PM				12:40 PM			
1:00 PM		1:15 PM		1:20 PM		1:30 PM				1:40 PM			
2:00 PM		2:15 PM		2:20 PM		2:30 PM				Drop Only			
3:00 PM		3:15 PM		3:20 PM		3:30 PM				3:40 PM			
4:00 PM		4:15 PM		4:20 PM		4:30 PM				4:40 PM			
5:00 PM		5:15 PM		5:20 PM		5:30 PM				5:40 PM			
6:00 PM		6:15 PM		6:20 PM		6:30 PM				6:40 PM			
7:00 PM		7:15 PM		7:20 PM		7:30 PM				7:40 PM			
8:00 PM		8:15 PM		Drop Only									
9:00 PM		9:15 PM		9:20 PM		9:30 PM				9:40 PM			
9:50 PM		Drop Only											

AM Driver:

PM Driver:





**Lasell Shuttle Ridership: Saturday**

Date:

Saturday													
FOREST SUITES	Riders	WOODLAND HALL	Riders	ARNOW CAMPUS CENTER	Riders	STAR MARKET	Riders	WOODLAND HALL	Riders	NATICK MALL	Riders	MBTA/ RIVERSIDE	Riders
9:20 AM				9:25 AM								9:40 AM	
		9:50 AM		9:55 AM								10:10 AM	
10:25 AM				10:30 AM								10:40 AM	
10:50 AM				11:00 AM		Natick Mall Trip				11:30 AM		12:00 PM	
		Drop Only										12:40 PM	
		12:50 PM				12:55 PM						1:05 PM	
1:20 PM				1:25 PM		1:35 PM		1:45 PM				1:55 PM	
2:05 PM				2:10 PM		Natick Mall Trip				2:40 PM			
3:15 PM		3:20 PM				3:25 PM						3:30 PM	
3:40 PM						3:55 PM		4:10 PM				4:20 PM	
		4:30 PM										4:40 PM	
4:50 PM				Drop Only									

AM Driver:

PM Driver:



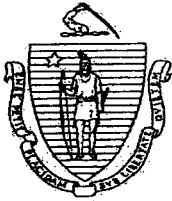


**Lasell Shuttle Ridership: Sunday**

Date:

FOREST SUITES	Riders	WOODLAND HALL	Riders	ARNOW CAMPUS CENTER	Riders	STAR MARKET	Riders	WOODLAND HALL	Riders	MARKET BASKET	Riders	MBTA/ RIVERSIDE	Riders
9:20 AM				9:25 AM								9:40 AM	
		9:50 AM		9:55 AM								10:10 AM	
10:25 AM				10:30 AM								10:40 AM	
10:50 AM				11:00 AM		Market Basket Waltham				11:30 AM		12:00 PM	
		DROP ONLY										12:40 PM	
		12:50 PM				12:55 PM						1:05 PM	
1:20 PM				1:25 PM		1:35 PM		1:45 PM				1:55 PM	
2:05 PM				2:10 PM		Market Basket Waltham				2:30 PM		3:00 PM	
3:15 PM		3:20 PM				3:25 PM						3:30 PM	
3:40 PM						3:55 PM		4:10 PM				4:20 PM	
		4:30 PM										4:40 PM	
4:50 PM				DROP ONLY									

Driver:



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

www.mass.gov/dia

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: VPNE

Address: 350 Lincoln St

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

Are you an employer? Check the appropriate box:

- 1.  I am an employer with 1000 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: Liberty Insurance Co.

Insurer's Address: 175 Berkley St.

City/State/Zip: Boston, MA 02116

Policy # or Self-ins. Lic. # WA761D262282011 Expiration Date: 10/08/2022

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: 11.8.21

Phone #: 207-712-7221

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

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

Issuing Authority (circle one):

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

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

1302

#425-21



**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>LV75327</b>	EFFECTIVE DATE <b>01-Aug-2020</b>	TITLE NUMBER <b>BR659620</b>	EXPIRES ON <b>31-Jul-2022</b>
MODEL YEAR <b>2016</b>	MAKE <b>STAR</b>	MODEL <b>ALLSTA</b>	MODEL NUMBER <b>E3FC</b>	BODY STYLE <b>VAN</b>	COLOR <b>WHITE</b>	VEHICLE IDENTIFICATION NUMBER <b>1FDEE3FLXGDC32162</b>	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER	
GARAGE ADDRESS <b>UNKNOWN NEWTON MA 00000</b>						US DOT NUMBER FOR COMMERCIAL VEHICLE	
NAME(S) OF OWNER(S) AND MAILING ADDRESS <b>VPNE PARKING SOLUTIONS LLC 350 LINCOLN ST STE 1111 HINGHAM MA 02043-1579</b>						INSURANCE COMPANY <b>LIBERTY MUTUAL FIRE INSURANCE COMPANY</b>	
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE <b>14</b>	
						<i>Garrett 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.





1301

#425-21



# 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>LV75337</b>	EFFECTIVE DATE <b>01-Aug-2020</b>	TITLE NUMBER <b>BR659304</b>	<b>EXPIRES ON</b> <b>31-Jul-2022</b>
MODEL YEAR <b>2016</b>	MAKE <b>STAR</b>	MODEL <b>ALLSTA</b>	MODEL NUMBER <b>E3FC</b>	BODY STYLE <b>VAN</b>	COLOR <b>WHITE</b>	VEHICLE IDENTIFICATION NUMBER <b>1FDEE3FL5GDC32165</b>	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER	
GARAGE ADDRESS <b>UNKNOWN NEWTON MA 00000</b>						US DOT NUMBER FOR COMMERCIAL VEHICLE	
NAME(S) OF OWNER(S) AND MAILING ADDRESS <b>VPNE PARKING SOLUTIONS LLC 350 LINCOLN ST STE 1111 HINGHAM MA 02043-1579</b>						INSURANCE COMPANY <b>LIBERTY MUTUAL FIRE INSURANCE COMPANY</b>	
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE <b>14</b>	
						<i>James Juler</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.



# Vehicle Inspection Report

**Please Review This Important Information**

Your vehicle has PASSED both its SAFETY TEST and its EMISSIONS TEST. The results are summarized in this report.

Questions? Visit [www.mass.gov/vehiclecheck](http://www.mass.gov/vehiclecheck) or call Customer Service at 1-844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from 7 a.m. to 8 p.m. on Tuesday and Thursday.

Overall Result:	PASS	Vehicle Information		Station Information	
Safety Result	PASS	VIN	1FDEE3FL5GDC32165	MACKENZIE MOTORS	
Emissions Result	PASS	License Plate	LV75337	296 north beacon street	
Start Test Date/Time	11/9/2021 12:55 PM	Plate Type/State	LVN / MA	BRIGHTON	MA
End Test Date/Time	11/9/2021 12:59 PM	Vehicle Type	BUS	(617) 254-9305	
Test Type	Regular	Year / Make	2016 Ford	Station Number	PB050137
Sticker Number	225295247	Model	E-Series Chassis	Workstation Number	MAW00001612
Inspection Type	Retest	Fuel Type	FLEXIBLE	Inspector Number	*****0437
Inspection Counter	2	Engine Cyl / Size	8 / 5L		
		GVWR	14000		
		Odometer	65137		

<b>Inspection Fee</b>	<b>\$0.00</b>
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**Safety Inspection Results**

License Plate Mounting and Condition	PASS	Service Brakes	PASS	Parking Brake	PASS
Horn	PASS	Stop Lights and Tail Lights	PASS	Headlight Aim and Operation	PASS
Lighting Devices and Reflectors	PASS	Directional Signals and 4-Ways	PASS	Front End	PASS
Steering and Suspension	PASS	Frame	PASS	Windshield Wipers and Cleaner	PASS
Safety Belts	PASS	Air Bags	PASS	Muffler and Exhaust System	PASS
Window Tint	PASS	Windshield	PASS	Rear View Mirror	PASS
Bumpers/Fenders/Exterior Sheet Metal	PASS	Fuel Tank Filler Cap	PASS	Fuel Tank Filler Neck and Components	PASS
Visible Smoke	PASS	Altered Vehicle Height	PASS	Tires	PASS
Other	PASS				

**Inspection Comments**

None

On-Board Diagnostic (OBD) Results	OBD Readiness Monitor Results	OBD Additional Data			
Tampering Check	PASS	Catalyst	READY	Miles Since Code Clearing	1375
Connector Result	PASS	Catalyst Heater	UNSUPPORTED	Warm-Ups Since Code Clearing	41
RPM Result	PASS	Evaporative System	READY	Pin 16 Voltage	13.8
Key-On Bulb Check	N/A	Secondary Air System	UNSUPPORTED	<b>OBD Diagnostic Trouble Codes</b>	
Engine-Running Bulb Check	N/A	A/C System	UNSUPPORTED		
Scan Tool Check	N/A	Oxygen Sensor	READY	<b>OBD Permanent Fault Codes</b>	
Communication Result	PASS	Oxygen Sensor Heater	READY		
MIL Status Result	PASS	EGR and/or VVT System	UNSUPPORTED		
Readiness Result	PASS				

Scan to visit website



VIR Number



# Vehicle Inspection Report

**Please Review This Important Information**

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

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

Overall Result:	PASS	Vehicle Information	Station Information
Safety Result	PASS	VIN 1FDEE3FLXGDC32162	MACKENZIE MOTORS
Emissions Result	PASS	License Plate LV75327	296 north beacon street
Start Test Date/Time	9/30/2021 12:33 PM	Plate Type/State LVN / MA	BRIGHTON MA
End Test Date/Time	9/30/2021 12:36 PM	Vehicle Type BUS	(617) 254-9305
Test Type	Regular	Year / Make 2016 Ford	
Sticker Number	224046701	Model E-Series Chassis	Station Number PB050137
Inspection Type	Initial	Fuel Type FLEXIBLE	Workstation Number MAW00001612
Inspection Counter	1	Engine Cyl / Size 8 / 5L	Inspector Number *****0437
		GVWR 14000	
		Odometer 61877	

**See Page 2 of this report for:**  
 Commercial Vehicle Safety Results

Base Inspection Fee	\$35.00
Station Labor Rate	\$115.00 per hour
Inspection Time	1 hour(s)
<b>Total Inspection Fee</b>	<b>\$150.00</b>

On-Board Diagnostic (OBD) Results	OBD Readiness Monitor Results	OBD Additional Data
Tampering Check	PASS Catalyst	READY Miles Since Code Clearing 1337
Connector Result	PASS Catalyst Heater	UNSUPPORTED Warm-Ups Since Code Clearing 30
RPM Result	PASS Evaporative System	NOT READY Pin 16 Voltage 14.2
Key-On BulbCheck	N/A Secondary Air System	UNSUPPORTED
Engine-Running Bulb Check	N/A A/C System	UNSUPPORTED
Scan Tool Check	N/A Oxygen Sensor	READY
Communication Result	PASS Oxygen Sensor Heater	READY
MIL Status Result	PASS EGR and/or VVT System	UNSUPPORTED
Readiness Result	PASS	

**OBD Diagnostic Trouble Codes**  

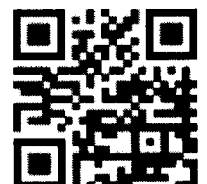

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**OBD Permanent Fault Codes**

**VIR Number**



Scan to visit website





**ADDITIONAL REMARKS SCHEDULE**

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

**ADDITIONAL REMARKS**

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

**Description of Operations/Locations/Vehicles:**

**MA Garagekeepers: #2705396 Term 11/10/2020 to 11/10/2021 \$1,000,000 Max Limit for all locations scheduled with \$1,250 Max Deductible Comp & Collision**

**Professional Errors & Omissions: #PE0900509-02 Term 10/08/21 to 10/08/22 \$1,000,000 Limit with \$5,000 Retention**

**Excess Umbrella - XL Insurance America Inc. #US00094843LI21 Term 10/08/21 to 10/08/22 \$15,000,000 each occur/Aggregate with \$10,000,000 Retention**

**Excess Umbrella- RSUI Indemnity Company #NHA095749 Term 10/8/21-10/8/22 \$3,000,000 each occur/Aggregate with \$25,000,000 Retention**

**Cyber Liability- Claims Made: #CYBP000355-211 Term 10/8/2021-10/8/2022 \$2,000,000 each occur/Aggregate with \$25,000 Retention**

**For Insurance Purposes Only**

# NEWTON TAXI COS

50 UNION STREET  
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

Holden Taxi Co

Received  
\$25.

3 November 2021 Check  
# 368

1 taxi

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

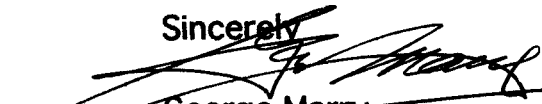
Re: Hackney License Renewal

Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2022.

- Please find the enclosed:
- Workers' Compensation Insurance Affidavit
- Renewal Application Form
- Copies of registration certificates
- Certificate of insurance
- Renewal Fee

Sincerely,



George Marry  
President

GM 9/30/21

RECEIVED  
2021 NOV -4 AM 10:19  
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):

~~SOLE PROPRIETORSHIP~~

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

*GEORGE MARRY  
55 WASHINGTON ST  
NEWTON, MA 02458*

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 Halden'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 #)
--------------------------	-------------	-----------------------	---------------------	---------------------------	---	---

- 1. TAZ50 60 2FADBF7B15BK 101044 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: HOODMAN'S TAXI INC

Address: 50 UNION ST.

City/State/Zip: NEWTON, MA 02459 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: P.O. Box 9203

City/State/Zip: WESTWOOD, MA 02090-9203

Policy # or Self-ins. Lic. # TPUB-4799P64-0.21 Expiration Date: 10-05-22

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: 3 November 2021

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



REGISTRY OF MOTOR VEHICLES

# CERTIFICATE OF REGISTRATION

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

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type TAR	Registration Type TAXI RESERVED	Plate Number 250	Effective Date 01-Dec-2020	Title Number BQ493170	Expires On →	Month 11	Year 21
Model Year 2011	Make FORD	Model CROVIC	Body Style SEDAN	Color(s) BLACK	Vehicle Identification Number 2FABP7BV8BX101044		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 50 UNION ST NEWTON MA 024592223					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  014029 ****AUTO**ALL FOR AADC 021 HOLDENS TAXI INC 50 UNION ST NEWTON MA 02459-2223					Insurance Company ARBELLA PROTECTION INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 5		
					Signature of Registrar <i>James J. Taylor</i> Not Valid Without Official Signature of Registrar		
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.

212166270

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



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

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

POLICY NUMBER: (7PJUB-4799P64-0-21)

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
4.18% MA WC SPECIAL FUND AND TRUST FUND		26
TOTAL ESTIMATED PREMIUM		923
DEPOSIT AMOUNT DUE		923



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	10/07/2021	\$3,698.00	\$377.00	10/27/2021

000018  
Customer:  
HOLDENS TAXI INC  
50 UNION ST  
NEWTON, MA 02459

*Memo*  
*11/1/21*  
*cc 1768*

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

**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	09/27/2021 - 09/27/2022	\$4,623.00	\$3,690.00	\$369.00
				<b>Premium:</b>	\$4,623.00	\$3,690.00
				<b>Fees:</b>	\$0.00	\$8.00
				<b>Total:</b>	\$4,623.00	\$3,698.00

**ACTIVITY SINCE LAST INVOICE**

Process Date	Transaction	Policy Number	Line of Business	Amount
09/03/2021	Previous Balance			\$4,623.00
10/01/2021	Payment			-\$933.00
10/06/2021	Installment Fee			\$8.00
Ending Balance				\$3,698.00

If you have any questions regarding this invoice or want to make changes to your policy, including your mailing address, please contact your agent.

Report all claims 24 hours a day:  
Toll Free 1-800-ARBELLA

Detach the stub below and return it with your payment in the envelope provided. Write your **Account Number** on your check, payable to **Arbella Insurance Group**.



# NEWTON TAXI COS

50 UNION STREET  
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

Newtonville Cab Co.

Received \$50.

3 November 2021

Check  
#368

2 taxis

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

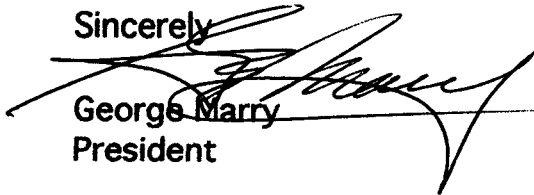
Re: Hackney License Renewal

Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2022.

Please find the enclosed:  
Workers' Compensation Insurance Affidavit  
Renewal Application Form  
Copies of registration certificates  
Certificate of insurance  
Renewal Fee

Sincerely

  
George Marry  
President

GM 9/30/21

RECEIVED  
2021 NOV -4 AM 10:56  
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*

2028

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: George Marry Newtonville B. Inc 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 #)
4 1. TA244	55	2FABP7B5RX120768		94573		
7 2. TA243	54	264RDCB31CR29V629		49361 <del>26244</del>		
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 CAR CO INC

Address: 50 UNION 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: PO BOX 9203

City/State/Zip: WESTWOOD, MA 02090-9203

Policy # or Self-ins. Lic. # 7RTUS-4299PE4-0-21 Expiration Date: 10-5-22

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: 3 NOVEMBER 2021

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



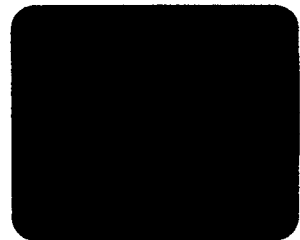
# CERTIFICATE OF REGISTRATION

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

Plate Type <b>TAR</b>	Registration Type <b>TAXI RESERVED</b>	Plate Number <b>244</b>	Effective Date <b>01-Dec-2020</b>	Title Number <b>BP748389</b>	Expires On 	Month <b>11</b>	Year <b>21</b>
Model Year <b>2011</b>	Make <b>FORD</b>	Model <b>CROVIC</b>	Body Style <b>SEDAN</b>	Color(s) <b>BLACK</b>	Vehicle Identification Number <b>2FABP7BV5BX180768</b>		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address <b>50 UNION ST NEWTON MA 024592223</b>					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address   <b>014013 ****AUTO**ALL FOR AADC 021          NEWTONVILLE CAB CO INC          50 UNION ST          NEWTON MA 02459-2223</b>					Insurance Company <b>ARBELLA PROTECTION INSURANCE COMPANY</b>		
					Maximum Seating Capacity for Vehicles for Hire <b>5</b>		
					<i>James Jelen</i> Not Valid Without Official Signature of Registrar		
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.



212166254

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



# CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this certificate  
#427-21  
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type TAR	Registration Type TAXI RESERVED	Plate Number 243	Effective Date 01-Dec-2020	Title Number BR053657	Expires On →	Month 11	Year 21
Model Year 2012	Make DODG	Model CARAVA	Body Style VAN	Color(s) GRAY	Vehicle Identification Number 2C4RDGBG1CR294629		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 50 UNION ST NEWTON MA 024592223					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  014011 ****AUTO**ALL FOR AADC 021 NEWTONVILLE CAB CO INC 50 UNION ST NEWTON MA 02459-2223					Insurance Company ARBELLA PROTECTION INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 6		
					Signature of Registrar <i>James J. J. J.</i> Not Valid Without Official Signature of Registrar		
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.

212166252

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





WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY

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

POLICY NUMBER: (7PJUB-4799P64-0-21)

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
4.18% MA WC SPECIAL FUND AND TRUST FUND			1
TOTAL ESTIMATED PREMIUM			36
DEPOSIT AMOUNT DUE			36



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
612008024	10/07/2021	\$7,398.00	\$747.00	10/27/2021

*11/1/21 CC1769*

**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

**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	09/27/2021 - 09/27/2022	\$9,246.00	\$7,390.00	\$739.00	
				<b>Premium:</b>	\$9,246.00	\$7,390.00	\$739.00
				<b>Fees:</b>	\$0.00	\$8.00	\$8.00
				<b>Total:</b>	\$9,246.00	\$7,398.00	\$747.00

**ACTIVITY SINCE LAST INVOICE**

Process Date	Transaction	Policy Number	Line of Business	Amount
09/03/2021	Previous Balance			\$9,246.00
10/01/2021	Payment			-\$1,856.00
10/06/2021	Installment Fee			\$8.00
Ending Balance				\$7,398.00

If you have any questions regarding this invoice or want to make changes to your policy, including your mailing address, please contact your agent.

Report all claims 24 hours a day:  
Toll Free 1-800-ARBELLA

Detach the stub below and return it with your payment in the envelope provided. Write your **Account Number** on your check, payable to **Arbella Insurance Group**.

# NEWTON TAXI COS

50 UNION STREET  
NEWTON CENTRE, MASSACHUSETTS 02459

617-244-2404

Newton Taxi Co.

Received \$25.

3 November 2021 Check

# 368

1 taxi

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

Re: Hackney License Renewal

Dear Honorable City Council:

We are submitting our application for renewal of our taxi licenses for the Year 2022.

Please find the enclosed:  
Workers' Compensation Insurance Affidavit  
Renewal Application Form  
Copies of registration certificates  
Certificate of insurance  
Renewal Fee

Sincerely,

  
George Marry  
President

GM 9/30/21

CITY CLERK  
NEWTON, MA. 02459

2021 NOV -4 AM 10:56

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):

~~SOLE PROPRIETORSHIP~~

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

*GEORGE MARRY  
55 WASHINGTON ST  
NEWTON, MA 02458*

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  
d/b/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	1D8AN44EY99508741		49361		
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, MA 02459 Phone #: 617.244.6600

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

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

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other 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: P.O. Box 9203

City/State/Zip: WESTWOOD, MA 02090-9203

Policy # or Self-ins. Lic. # 7 PTUB 4799 P64-0.21 Expiration Date: 10-05-22

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: 3 November 2021

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



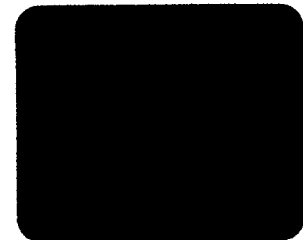
# CERTIFICATE OF REGISTRATION

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

Plate Type TAR	Registration Type TAXI RESERVED	Plate Number 245	Effective Date 01-Dec-2020	Title Number BR006143	Expires On →	Month 11	Year 21
Model Year 2009	Make DODG	Model GRANDC	Body Style VAN	Color(s) BLUE	Vehicle Identification Number 1D8HN44EX9B508741		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 50 UNION ST NEWTON MA 024592223					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  014012 ****AUTO**ALL FOR AADC 021 NEWTON TAXI CO 50 UNION ST NEWTON MA 02459-2223					Insurance Company ARBELLA PROTECTION INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 7		
					Signature of Registrar <i>James Terler</i> Not Valid Without Official Signature of Registrar		
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.



212166253

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



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

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

POLICY NUMBER: (7PJUB-4799P64-0-21)

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	




---

MERIT RATING/EXPERIENCE MOD: NONE MODIFIED PREMIUM	\$	NONE
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		INCL
0.0300 TERRORISM (9740)		INCL
4.18% MA WC SPECIAL FUND AND TRUST FUND		INCL
TOTAL ESTIMATED PREMIUM		INCL
DEPOSIT AMOUNT DUE		INCL





**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:**

000152

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

**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
			Premium:	\$8,754.00	\$2,342.00	\$238.00
			Fees:	\$0.00	\$33.00	\$33.00
			Total:	\$8,754.00	\$2,375.00	\$271.00



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

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

Received \$25,00 check  
#206

CITY CLERK  
NEWTON, MA. 02459

2021 OCT 29 PM 3:08

RECEIVED

Dear City Council,

I am writing this letter for your consideration for renewal of MHS Worldwide, LLC, for the new year of 2022. All permits and forms have been summited 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

**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#)	2 <sup>nd</sup> INSPECTION (mileage & meter#)
1. Lvn Lv81607		1GYS4JK0KR288751	46,000			
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 an employer with _____ employees (full and/or part-time).*</p> <p>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><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 <u>ICHO</u></p>
--	--

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

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

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

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

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

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

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

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

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

Signature: [Signature] Date: 10-26-2021

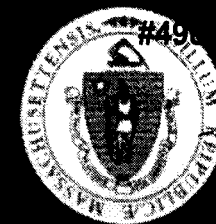
Phone #: 774-444-9888

**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

[HOME](#)
[DIRECTIONS](#)
[CONTACT US](#)



## Corporations Division

### Business Entity Summary

ID Number: 001292539



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 (A PO box is not a valid location or address):</b>	
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	



REGISTRY OF MOTOR VEHICLES

# CERTIFICATE OF REGISTRATION

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

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV81607	Effective Date 01-Aug-2021	Title Number CA133545	Expires On →	Month 07	Year 23
Model Year 2019	Make CADI	Model ESCALA	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 1GYS4JKJ0KR288751		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 275 GROVE ST STE 2-400 AUBURNDALE MA 024662273					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  011694 *****AUTO**5-DIGIT 02459 DHANRAJ MAHASE 275 GROVE ST STE 2-400 AUBURNDALE MA 02466-2273					Insurance Company LANCER INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 7		
					Lessee/In Custody Of		
Special Message					Change of Address <input type="checkbox"/> Residential <input type="checkbox"/> Mailing <input type="checkbox"/> Garage		

*James J. Jeter* Not Valid Without Official Signature of Registrar

## Information for Vehicle Owners

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

230144343

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





Don's Car Service

395 Lexington Street  
Auburndale, MA 02466

~~617-962-4446~~

617-510-1485

Received \$25  
money order  
# 19-293319068  
(1 public Auto)

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.

I AM REQUESTING 2 ~~MORE MEDALLIONS IN ORDER TO~~ OPERATE LIVERY BUS

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

Respectfully Submitted,

Don LaPlante

*Donald LaPlante*

RECEIVED  
2021 NOV -2 AM 10:36  
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 Board of Aldermen's office at all times. Changes or updated information may be sent by mail to Newton City Hall, Board of Aldermen, 1000 Commonwealth Avenue, Newton Centre, MA 02459.

- 1. Name of Applicant: Donald LaPlante
- 2. Name, Address and Telephone Number of Business: Don's Car Service 395 Lexington St. Auburndale, MA 02466
- 3. Total number of Licenses:

PUBLIC AUTOS = /

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 Stanley 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 - ~~617-962-4446~~  
617-510-1485

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: Donald LaPlante - Donscar Service - 395 Lexington St. Auburndale - 617-510-1485  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
donaldlaplante carservice@gmail.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. 8TL428	#14	5TDJZ3DC6HS166094	60314			
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: Dons Car Service

Address: 395 Lexington St. Newton Center

City/State/Zip: Auburndale ma 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 \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

Signature: Donald Laplante Date: 10-31-2001

Phone #: 617-510-1485

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

#499-20



Commonwealth of Massachusetts  
City of Newton  
Business Certificate

370  
City Clerk's Use Only


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

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

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

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

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

  
Notary Public  
My commission Expires: MA Drivers License Exp: 10/20/22  
Verified by Maria Vasquez

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

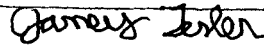
This certificate expires: September 20, 2022  
Date

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



# CERTIFICATE OF REGISTRATION

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

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

## Information for Vehicle Owners

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

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

PROGRESSIVE  
P.O. BOX 31260  
TAMPA, FL 33631

DONALD S LAPLANTE  
395 LEXINGTON ST  
3  
AUBURNDALE, MA 02466

#430-21  
**PROGRESSIVE**  
DIRECT Auto

**Policy Number: 913391052**

Underwritten by:  
Progressive Direct Insurance Co  
July 12, 2021  
Policy Period: Aug 7, 2021 - Feb 7, 2022  
Page 1 of 3

**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, 2021 at 12:01 a.m. This policy expires on February 7, 2022 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

**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**

**Compulsory insurance**

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$232
Personal Injury Protection (Part 2)	\$8,000 each person	\$250	31
Deductible applies to You and household members			
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$50,000 each person/\$100,000 each accident		9
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$50,000 each accident		166

**Optional insurance**

	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$50,000 each person/\$100,000 each accident		22
Collision (Part 7)	Actual Cash Value	\$1,000 w/waiver	252
Comprehensive (Part 9)	Actual Cash Value	\$1,000	34
Comprehensive Window Glass			
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		53

**Total 6 month policy premium**

<b>Total 6 month policy premium</b>			<b>\$799.00</b>
Discount if paid in full			-131.00
<b>Total 6 month policy premium if paid in full</b>			<b>\$668.00</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, 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.

PATLA05N 001721 005 C 004 002 < 0381 ^





**Lienholder information**

**Vehicle**

2017 TOYOTA SIENNA  
5TDJZ3DC6HS166094

**Lienholder**

TOYOTA MOTOR CREDIT  
ATLANTA, GA 30348

**Driver information**

Name	Date of birth
Donald S LaPlante	Oct 20, 1948

License status	Years licensed	Operator status
Valid	56	Rated

Name	Date of birth
Alba LaPlante	Apr 9, 1959

License status	Years licensed	Operator status
Valid	46	Rated

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. We may verify the accuracy of the previous driving records of all listed operators.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under our rates.

Countersigned by   
Authorized Signature

  
Authorized Signature

10-10-2021.

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

617-834-5964  
[mgim@verizon.net](mailto:mgim@verizon.net)

Michael Gimmelfarb.  
Owner.

Received  
10/13/21  
\$ 25 check  
# 1629

To whom it may concern!

I am requesting renewal of my public auto transportation license for year of 2022.

Thank you!



Michael Gimmelfarb.

RECEIVED  
2021 OCT 13 PM 2:34  
CITY CLERK  
NEWTON, MA. 02459

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

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

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

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

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

*Michael Gimmelfarb  
274 Dedham St Newton, MA. 02461*

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

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

*American Truck and Equipment Sales LLC.*

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

*Michael Gimmelfarb 617-834-5964*

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Michael Cimino of app American Truck and Equipment Sales LLC. 617-834-5964  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
mgim@verizon.net 274 Dedham St  
(email address) (Company Name) (Company Address) (Company Phone Number)  
Newton MA. 02461

Please list below for each vehicle:

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

1. L.V76277 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/LIMO

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

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

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

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

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

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

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

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

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

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

Signature: M. Gi... Date: 10-10-2021

Phone #: 617-834-5964

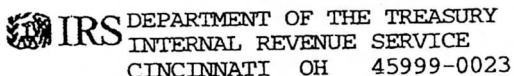
*Official use only. Do not write in this area, to be completed by city or town official.*

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



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:  
1-800-829-4933IF 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.

# Corporations Division

## Business Entity Summary

ID Number: 263114478

[Request certificate](#)

[New search](#)

Summary for: AMERICAN TRUCK & EQUIPMENT SALES, LLC

**The exact name of the Domestic Limited Liability Company (LLC):** AMERICAN TRUCK & EQUIPMENT SALES, LLC

**Entity type:** Domestic Limited Liability Company (LLC)

**Identification Number:** 263114478

**Old ID Number:** 000983751

**Date of Organization in Massachusetts:** 08-06-2008

**Last date certain:**

**The location or address where the records are maintained** (A PO box is not a valid location or address):

Address: 274 DEDHAM STREET

City or town, State, Zip code, NEWTON, MA 02461 USA

Country:

**The name and address of the Resident Agent:**

Name: MICHAEL GIMMELFARB

Address: 274 DEDHAM ST.

City or town, State, Zip code, NEWTON, MA 02461 USA

Country:

**The name and business address of each Manager:**

Title	Individual name	Address
MANAGER	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

**In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:**

Title	Individual name	Address
SOC SIGNATORY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

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

Title	Individual name	Address
REAL PROPERTY	MICHAEL GIMMELFARB	274 DEDHAM STREET NEWTON, MA 02461 USA

Consent  Confidential Data  Merger Allowed  Manufacturing

**View filings for this business entity:**

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





# CERTIFICATE OF REGISTRATION

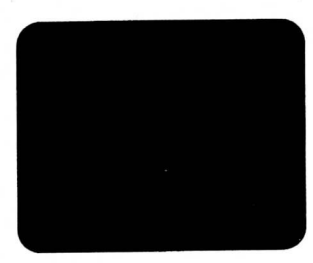
M.G.L. Chapter 90 section 24B makes it a crime ~~#4310-211~~ this certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV76277	Effective Date 01-Aug-2021	Title Number BR494584	Expires On →	Month 07	Year 23
Model Year 2016	Make MERZ	Model GL350	Body Style SUV	Color(s) BLACK	Vehicle Identification Number 4JGDF2EE5GA687895		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 274 DEDHAM ST NEWTON MA 024612045					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address  004342 ****AUTO**ALL FOR AADC 021 AMERICAN TRUCK AND EQUIPMENT SALES LLC 274 DEDHAM ST NEWTON MA 02461-2045					Insurance Company UNITED FINANCIAL CASUALTY COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 7		
					<i>James J. J. J.</i> Not Valid Without Official Signature of Registrar		
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

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- 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:**
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  - 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.

230155253





# CERTIFICATE OF LIABILITY INSURANCE

#431421 (MM/DD/YYYY)

05/14/2021

<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	05/21/2021	05/21/2022	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 - EAACCIDENT \$ OTHER THAN AUTO ONLY: EAACC \$ 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

NOV 3 2021

NOEL DIAZ

46 Central ave  
Newtonville

Received \$25.  
C. Card  
payment  
for 1 public  
Auto.

Application request for  
Public Auto renewal License



CITY CLERK  
NEWTON, MA. 02459

2021 NOV -3 PM 1:08

RECEIVED



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

November 3, 2021 at 12:59 pm						
TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT	
<b>Clerk Order System</b>						
	2021	1	CIPRIANO DIAZ PUPO	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 / Heartland" and "CITY HALL SYSTEMS / HEARTLAND".**

Transaction Code: CHS-NEWTON-MA-US-5924204

Reference Code: 168790880/168790883

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



Copyright © 2021 - 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: NOEL C. DIAZ PUPO
2. Business Name: Newton Limos Company  
 Business Address: 46 Central ave. Newtonville, MA, 02460  
 Business Telephone Number: 617 775 4735  
 email address: noelstepa@icloud.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:

NOEL C. DIAZ PUPO  
 46 Central ave Newtonville MA.

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 C. DIAZ  
 617 775 4735

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: NOEL DIAZ      Newton Limos company      46 Central ave Newtonville      617754735  
(Owner Name)                      (Company Name)                      (Company Address)                      (Company Phone Number)  
noelstcpa@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. LV 88175	—	2G61M5S33K9115510		—		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



**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**

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 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: 02460-1809 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.)*



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: 46 Central ave Newtonville

City/State/Zip: Newton 02460 Phone #: 617 775 4735

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 Auto work

\*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: 11/03/2021

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





# 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 LV88175		EFFECTIVE DATE 13-Sep-2021		TITLE NUMBER CA492495		EXPIRES ON 31-May-2023	
MODEL YEAR 2019	MAKE CADI	MODEL XTS	MODEL NUMBER	BODY STYLE SEDAN	COLOR BLACK	VEHICLE IDENTIFICATION NUMBER 2G61M5S33K9115510					
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
GARAGE ADDRESS 46 CENTRAL AVE FRNT NEWTONVILLE MA 02460-1709						US DOT NUMBER FOR COMMERCIAL VEHICLE					
NAME(S) OF OWNER(S) AND MAILING ADDRESS NOEL C DIAZ 46 CENTRAL AVE FRNT NEWTONVILLE MA 02460-1709						INSURANCE COMPANY PROGRESSIVE DIRECT INSURANCE COMPANY					
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE					
						<i>Colleen J. Opiccia</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

#432-21  
09/14/2021

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 540 Gallivan Blvd Ste 211  Dorchester MA 02124	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (617) 464-3777 E-MAIL ADDRESS: FAX (A/C, No): (617) 464-3888																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Progressive Casualty Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Progressive Casualty Insurance Co		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Progressive Casualty Insurance Co																				
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> Noel Diaz 46 Central Ave  Newton MA 02460																					

**COVERAGES**      **CERTIFICATE NUMBER:** CL2191444349      **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 \$ \$
	<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		04038860-0	09/10/2021	09/10/2022	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 \$ \$
	<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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is also Additional Insured. Insured vehicle: 2019 Cadillac XTS (VIN: 2G61M5S33K9115510).

### CERTIFICATE HOLDER

### CANCELLATION

Massachusetts Port Authority  
1 Harborside Drive  
Suite 200S  
East Boston MA 02128

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

# Application for Insurance

Please review, sign where indicated, and return

**PROGRESSIVE**  
COMMERCIAL

Policy number: 04038860-0

Named Insured: NOEL DIAZ

September 10, 2021

Page 1 of 5

## Policy and premium information for policy number 04038860-0

Insurance company: Progressive Casualty Insurance Co  
P.O. BOX 94739  
Cleveland, OH 44101

Agent: BRIAN BOUCHER  
LIGHTHOUSE INSURANCE  
540 GALLIVAN BLVD#211  
DORCHESTER, MA 02124  
41594  
1-617-464-3777

Named Insured: NOEL DIAZ  
  
46 CENTRAL AVE  
NEWTON, MA 02460  
e-mail address: NOELDIAZ02@YAHOO.COM  
Phone Number: 1-508-577-0533

Financial responsibility vendor: EXPERIAN  
1-888-397-3742

Policy period: Sep 13, 2021 - Sep 13, 2022

Effective date and time: Sep 13, 2021 at 12:01AM ET

Total policy premium: \$8,677.00

Initial payment required: \$8,677.00

Initial payment received: \$8,677.00

Payment plan: 1 payment

## Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of birth	Years of driving experience	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
NOEL DIAZ	09/26/1966	34	****9714	MA	1		No	

# ur ID Cards

se cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

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

you for choosing Progressive.

**NOEL DIAZ**

### INSURANCE IDENTIFICATION CARD - Massachusetts

**Policy Number:** 04038860-0  
**Effective Date:** 09/13/2021    **Expiration Date:** 09/13/2022  
**Policy Type:** Commercial  
**Insurer:** Progressive Casualty Insurance Co 1-800-444-4487  
P.O. BOX 94739 Cleveland, OH 44101

**Named Insured(s):**  
NOEL DIAZ

**Your agent:**  
LIGHTHOUSE INSURANCE 1-617-464-3777  
540 GALLIVAN BLVD#211  
DORCHESTER, MA 02124

Year	Make	Model	VIN
2019	CADILLAC	XTS	2G61M5S33K9115510

03/11

**IN AN ACCIDENT**  
at the scene. Don't admit fault.  
afe location, call the police, and exchange driver information.  
gressive right away.

**IT A CLAIM**  
274-4499 or go to [claims.progressive.com](http://claims.progressive.com).

Manage your policy anytime  
with just a few clicks at  
**[progressiveagent.com](http://progressiveagent.com)**



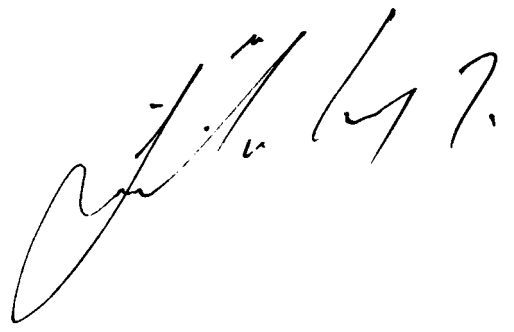
KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

09/28/21  
#433-21

To the Newton City Council,

I am requesting a renewal for  
my public auto licence

ISMAIL UNKOC



09/29/21  
Received  
\$25  
payment  
dld.

RECEIVED  
2021 SEP 29 PM 2:56  
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: ISMAIL UNKOC
- 2. Business Name: 12MOLIMO LLC.  
Business Address: 184 River St. West Newton, MA 02465  
Business Telephone Number: 617 775 4784  
email address: ismail@ismailunkoc.com

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

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

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

LLC

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

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

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

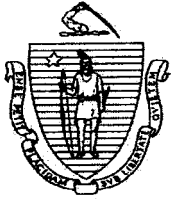
9. Please provide the name, title and business telephone number of the person to contact concerning complaints: ISMAIL UNKOC → owner/operator  
617 775 4784

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: ISMAIL UNKOC 12MOLIMO LLC. 184 River St. West Newton 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		2G61M5S39J9156660	104,000			
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: 12MOLIMO LLC

Address: 184 River Street

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

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

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

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

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

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

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

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

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

Signature: [Signature] Date: 09/28/21

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






REGISTRY OF MOTOR VEHICLES

# CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime ~~#430-211~~ is certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV86122	Effective Date 01-Mar-2021	Title Number CA884849	Expires On →	Month 02	Year 23
Model Year 2018	Make CADI	Model XTS	Body Style SEDAN	Color(s) BLACK	Vehicle Identification Number 2G61M5S39J9156660		
Residential Address (If Different than Mailing)					Total Registered Weight for Commercial Vehicle or Trailer		
Garage Address 184 RIVER ST WEST NEWTON MA 024651430					US DOT Number for Commercial Vehicle		
Name(s) of Owner(s) and Mailing Address   018668 *****AUTO**5-DIGIT 02456 ISMAIL UNKOC 184 RIVER ST WEST NEWTON MA 02465-1430					Insurance Company PROGRESSIVE CASUALTY INSURANCE COMPANY		
					Maximum Seating Capacity for Vehicles for Hire 5		
					<i>James Jerlen</i> Not Valid Without Official Signature of Registrar		
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.

230279503

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



# CERTIFICATE OF LIABILITY INSURANCE

#433-21  
DATE (MM/DD/YYYY)  
05/06/2021

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>FAX (A/C, No):</b> (617) 464-3888 <b>E-MAIL ADDRESS:</b> meghan.tracy@lighthouseins.net	
<b>INSURED</b> Ismail 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. <b>NAIC #</b> 24260 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2011942910      **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	Y		01350076-1	11/07/2020	11/07/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Optional bodily injury \$
	<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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate is provided to Holder as proof of active coverage for above Named Insured.

2018 Cadillac Xts (2G61M5S39J9156660 ) plate# LV86122

MASSPORT IS AN ADDITIONAL INSURED

<b>CERTIFICATE HOLDER</b>  Massport Authority Harborside Drive  East Boston MA 02228	<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  
---	--



DT. 10/19/2021

#434-21

To

City Council  
Newton.  
MA.

Received \$25.  
Check  
# 1077  

---

 (Public Auto)

Dear Sirs. /mahom.

Here with this letter I request  
to you that please Renewal  
my buisness Licence.

CITY CLERK  
NEWTON, MA. 02459

2021 OCT 19 AM 10:16

RECEIVED

Thanks

RAJIV KUMAR  
OM SAI ENTER. INC

**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 = **NO**

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

**NO**

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

**Corporation (LIMOUSINE SERVICES)**

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

**NO**

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):

**OM SAI ENTERPRISES INC.**

**RAJIV KUMAR / MARCITA RICHARD KUMAR**

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

**RAJIV KUMAR 781-985-9461**

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: RAJIV KUMAR OM SAI ENTER. INC. 2323 WASHINGTON ST. APT. G3 NEWTON. MA 02462  
(Owner Name) (Company Name) (Company Address) (Company Phone Number) 781-985-9467  
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. LV 84072		1GKS2GKC6HR- -318090	180786			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



The Commonwealth of Massachusetts  
William Francis Galvin

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

~~#504-20~~

#434-21

(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  
 Mail

apathancpa@gmail.com

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

Make Corrections

Accept





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

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: OM SAI ENTERPRISES INC.

Address: 2323 WASHINGTON ST. #G3

City/State/Zip: NEWTON-MA 02462 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 \_\_\_\_\_

\*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 COMMERCIAL

Insurer's Address: 104 TURNPIKE ST. SUITE 2

City/State/Zip: WEST BRIDGEWATER - MA 02379

Policy # or Self-ins. Lic. # 02836523-1 Expiration Date: OCT, 28, 2022

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: 10/19/2021

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



**CERTIFICATE OF REGISTRATION** #434-21  
 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>LV84072</b>		EFFECTIVE DATE <b>01-Mar-2020</b>		TITLE NUMBER <b>BU542429</b>		EXPIRES ON <b>28-Feb-2022</b>	
MODEL YEAR <b>2017</b>	MAKE <b>GMC</b>	MODEL <b>YUKOXL</b>	MODEL NUMBER <b>XL</b>	BODY STYLE <b>SUV</b>	COLOR <b>BLACK</b>		VEHICLE IDENTIFICATION NUMBER <b>1GKS2GKC6HR318090</b>				
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)							TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER				
GARAGE ADDRESS							US DOT NUMBER FOR COMMERCIAL VEHICLE				
<b>2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431</b>							INSURANCE COMPANY <b>Arbella Protection Insurance Company</b>				
NAME(S) OF OWNER(S) AND MAILING ADDRESS <b>OM SAI ENTERPRISES INC 2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431</b>							MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE <b>7</b>				
LESSEE/IN CUSTODY OF							<i>James J. Imler</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.

A - ONE INSURANCE AG  
104 TURNPIKE ST  
W BRIDGEWATER, MA 02379

**PROGRESSIVE**  
COMMERCIAL  
2021

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

**Policy number: 02836523-1**

Underwritten by:  
Progressive Casualty Insurance Co  
October 2, 2021  
Policy Period: Oct 28, 2021 - Oct 28, 2022

## Renewal bill and policy information is enclosed

Thank you for being a Progressive customer

### Please review your policy documents today

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

Your current policy will expire on October 28, 2021 at 12:01 a.m. If we recently sent you a Cancel Notice because the remaining balance on your current policy has not been received please pay that amount by the due date to avoid policy cancellation. **This bill does not supersede any Cancellation Notice.** If you have already sent this payment - thank you. If you do not make this payment, the offer to renew this policy is withdrawn.

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

### Premium and payment information

Renewal policy premium	\$5,741.00
Minimum amount due	\$5,741.00
Due date	October 28, 2021

To renew your policy, please pay the amount shown above, or call us for other available options, by the due date. To pay with a check or credit card by phone, call Customer Service at 1-877-278-1615, or login to progressiveagent.com.

Please see reverse side for additional information.

 Continued on back

## Payment Coupon

Minimum amount due	\$5,741.00
Due date	October 28, 2021
Amount enclosed	\$

**Policy number: 02836523-1**

Policyholder: OM SAI ENTERPRISES

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

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



PROG CASUALTY INS CO  
DEPT 0561  
CAROL STREAM IL 60132-0561

Do not write below this section of coupon.  
CA-019Q0 Form QTCOVLTR (01/16)

056102836523 20019 0574100 0574100 5000021 3853580 001010282109

**Access your policy online, anytime**

Don't forget that you can always log in to your policy online to pay your bill, check the status of a claim, or access policy documents anytime. Just visit us at [progressiveagent.com](http://progressiveagent.com).

**What you should expect from an insurance company**

For the next policy period, you will receive discounts for Business Experience, Paid In Full, Anti-Theft Device 1 and Passive Restraint 2.

**Please review your policy documents**

Please review your policy documents for accuracy. If you need help or want to make changes, we are just a phone call away - 24 hours a day, 7 days a week, you will talk with friendly, professional service representatives. You can also check your billing history, make a payment, print policy documents or check the status of a claim online.

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

We appreciate your trust and look forward to serving you.



A - ONE INSURANCE AG  
 104 TURNPIKE ST  
 W BRIDGEWATER, MA 02379



Named insured

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

**Policy number: 02836523-1**

Underwritten by:  
 Progressive Casualty Insurance Co  
 October 2, 2021  
 Policy Period: Oct 28, 2021 - Oct 28, 2022  
 Page 1 of 2

**progressiveagent.com**

**Online Service**

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

**1-508-659-5969**

**A - ONE INSURANCE AG**

Contact your agent for personalized service.

**1-800-444-4487**

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

# Commercial Auto Insurance Coverage Summary

## This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by October 28, 2021.

Your coverage begins on October 28, 2021 at 12:01 a.m. This policy expires on October 28, 2022 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. Compulsory limits are included in, not in addition to, optional limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852MA (02/19), 1652MA (02/19), 1198 (01/04), Z311 (02/19), 4852MA (02/19), 4881MA (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$4,179
Compulsory Bodily Injury Liability	\$20,000 each person/\$40,000 each accident		
Compulsory Property Damage Liability	\$5,000 each accident		
Optional Bodily Injury / Property Damage	\$1,000,000 combined single limit		
Uninsured Motorist Bodily Injury	\$100,000 combined single limit		40
Underinsured Motorist Bodily Injury	\$100,000 combined single limit		70
Personal Injury Protection	\$8,000 limit per person	\$0	319
Comprehensive			504
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			540
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			69
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$5,721</b>
Fees			20
<b>Total 12 month policy premium and fees</b>			<b>\$5,741</b>

### Rated driver

1. RAJIV KUMAR

**Auto coverage schedule**

1. **2017 GMC Yukon** Stated Amount: \*\$40,000 (including Permanently Attached Equip)  
 VIN: 1GKS2GKC6HR318090 Garaging Zip Code: 02462 Radius: 50

Liability Premium	Liability	UM BI	UIM BI	PIP	
	\$4,179	\$40	\$70	\$319	
Physical Damage Premium	Comp/Glass Deductible	Comp Premium	Coll Waiver Deductible	Coll Waiver Premium	
	\$1000/\$0	\$504	\$1000	\$540	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$50 per day Max \$1500	\$69			<b>\$5,721</b>

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

**Premium discounts**

Policy	02836523-1	Business Experience and Paid In Full
Vehicle	2017 GMC Yukon	Anti-Theft Device 1 and Passive Restraint 2

**Additional Insured information**

1. Additional Insured TD AUTO FIN LLC  
 PO BOX 8400 LEWISTON, ME 04243

**Company officers**

*[Signature]*  
 President

*[Signature]*  
 Secretary

PATLG02G 000036 011 C 010 003 < 1781 MA (02/19) ^



## Privacy Policy/Opt-Out

### About this notice

We are committed to protecting your privacy and earning your trust. This Privacy Policy ("**notice**") describes the personal information we collect about you and how we use and protect it. It applies to our current and former customers and others who live in your state. It replaces earlier versions that we may have given to you.

### Summary

This section summarizes our privacy practices. For more detail, please read the entire notice.

- We gather information from you, your transactions with us, and outside sources.
- We use your information only to conduct our business and provide insurance to you.
- We will share your information with your selected agent or broker and companies that provide certain products or services you request through us.
- We will not share your information with other companies for their independent marketing purposes without your consent.
- You can limit our use of some of this information for marketing purposes.
- We limit access to your information and use safeguards to help protect it.
- You may review and correct your information.

### What information do you collect about me?

We collect information about you to quote and service your insurance policy. This is called "**Nonpublic Personal Information**" or "**NPI**" if it identifies you and is not available to the public. Depending on the product, we collect it from some or all of the following sources. We have provided a few examples for each source, but not all may apply to you.

- **Application information:** You provide this on your application, through your agent or broker, by phone, or online. We may also obtain it from directories and other outside sources. It includes your name, street and e-mail addresses, phone number, driver's license number, Social Security number, date of birth, gender, marital status, and type of vehicle. It also includes information about other drivers.
- **Consumer report information:** We obtain this from consumer reporting agencies. It includes your driving record, claims history with other insurers, and credit report information. The information is kept by the consumer reporting agencies and disclosed by them to others as permitted by law.
- **Transaction information:** This is information about your transactions with us, our affiliates, or others. It includes your insurance coverages, limits and rates, and payment and claims history. It also includes information that we require for billing and payment.

We also may collect "**Website Information**" about you. This is unique to Internet activity. It may include how you linked to our website. It also may include your IP address and information about your device, time of visit, and what pages you visit on our website. When you visit our websites, we use cookies, web beacons, and other technology to collect information about you and your activities on our websites. We do this to provide services to you, enhance your online experience, and advertise our products and services. Some of our websites contain more information about our website privacy practices. Please read it when using the sites.

**Who might get information about me from you?**

We will share information about you only as permitted by law. We will not share your NPI with other companies for their independent marketing purposes without your consent. There is no need to "opt out" or tell us not to do this.

Disclosures include those that we feel are required to provide insurance claims or customer service, prevent fraud, perform research or comply with the law. Recipients include, for example, our family of companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. They may disclose the information to others as permitted by law. For example, consumer reporting agencies may disclose Transaction Information received from us to other insurance companies with which you do business.

Where permitted by law, we may also disclose Application or Transaction Information to service providers that help us market our products. These service providers may include financial institutions with which we have joint marketing agreements.

Some products or services obtained through us will be provided by other companies. We may share your information with these companies. They will use the information as described in their privacy policies. These companies may share with us information about you and your transactions with them.

**Can I limit use of my information for marketing?**

We may share your NPI among our family of companies so they may offer products and services to you. You may limit some of this marketing by calling us at 1-844-582-5040. Your choice will apply to all people listed on your policy.

**How do you protect my information?**

We restrict access to your information to our employees and others who we feel must use it to provide our products and services or otherwise run our business. Their use of the information is limited by law, our employee code of conduct, and written agreements where appropriate. We also maintain physical, electronic and procedural safeguards to protect your information.

**How can I review and correct information you have about me?**

To review information we have about you, send a written request to Customer Service, PO Box 94739, Cleveland, OH 44101. You must describe the kind of information you want to review and state that your request is in response to this notice. Include your full name, mailing address, and policy number (if applicable). Within 30 business days, we will describe what is available and how you may request corrections. We will also name anyone we show as having received the information within two years prior to your request. Finally, we will identify the companies that have provided Consumer Report Information about you.

You may review the information at our offices or receive a copy of it for a fee to cover our costs. We will not provide information that we feel is privileged, such as information about insurance claims or lawsuits.

To correct information about you, send a written request as described above, explaining your desired correction. Within 30 business days, we will either make the requested correction or tell you why we will not. We cannot correct Consumer Report Information. To do this, you must contact the consumer reporting agency that provided it.

If we make your requested correction, we will notify you in writing. We will also notify anyone you name who may have received the information within the previous two years. If required by law, we will also notify others who may have given it to or received it from us. If we refuse to make the requested correction, you may file with us a concise written statement about why you object. That statement should include the information you think is correct. We will include your statement in your file. We will send it to the same persons to whom we would send a copy of any correction or change.

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**Our family of companies**

This notice is from our family of companies. As of the date of this notice, this includes: Artisan and Truckers Casualty Company, Blue Hill Specialty Insurance Company, Drive New Jersey Insurance Company, Mountain Laurel Assurance Company, National Continental Insurance Company, Progn Agency, Inc., Progressive Adjusting Company, Inc., Progressive Advanced Insurance Company, Progressive Advantage Agency, Inc., Progressive American Insurance Company, Progressive Auto Pro Insurance Agency, Inc., Progressive Bayside Insurance Company, Progressive Casualty Insurance Company, Progressive Choice Insurance Company, Progressive Classic Insurance Company, Progressive Commercial Advantage Agency, Inc., Progressive Commercial Casualty Company, Progressive County Mutual Insurance Company, Progressive Direct Insurance Company, Progressive Express Insurance Company, Progressive Freedom Insurance Company, Progressive Garden State Insurance Company, Progressive Gulf Insurance Company, Progressive Hawaii Insurance Corp., Progressive Life Insurance Company, Progressive Marathon Insurance Company, Progressive Max Insurance Company, Progressive Michigan Insurance Company, Progressive Mountain Insurance Company, Progressive Northern Insurance Company, Progressive Northwestern Insurance Company, Progressive Paloverde Insurance Company, Progressive Preferred Insurance Company, Progressive Premier Insurance Company of Illinois, Progressive Security Insurance Company, Progressive Select Insurance Company, Progressive Southeastern Insurance Company, Progressive Specialty Insurance Company, Progressive Universal Insurance Company, Progressive West Insurance Company, United Financial Casualty Company, and 358 Ventures, Inc. Our family of companies also includes ARX Holding Corp. and the entities that it directly or indirectly majority owns or controls. Those companies are governed by a separate privacy policy available at [americanstrategic.com](http://americanstrategic.com).

## Important changes to your policy

We made changes to your policy. Here's an overview of some of the changes. Please read the enclosed Commercial Auto Policy Agreement carefully for complete details. If you find any differences between this summary and the policy contract, please rely on the terms and conditions of the policy contract.

If you have any questions about the changes, please call us at 1-800-444-4487.

### Personal Vehicle Sharing Program

- In the Commercial Auto Policy Agreement and various Endorsements, we have added language regarding personal vehicle sharing programs. We will not pay for damages arising out of an insured auto used in connection with a personal vehicle sharing program by persons other than named insureds.

### Changes to the Part I - Liability to Others section

- If a listed trailer is being operated by someone other than the named insured, coverage is reduced for the borrower of the trailer. There is no reduction in coverage for the named insured.
- The definition of "temporary substitute auto" has been modified to exclude autos that are available for regular or frequent use and are not insured under a separate policy of insurance that provides at least the minimum required limits of financial responsibility under the applicable state and federal laws.

### Changes to the Part II - Damage to Your Auto section

- Under the Loss Payee Agreement, we added a section that there is no coverage if the loss is not covered under the terms of the policy.

### Changes to the General Provisions section

- The Other Insurance section has been expanded to clarify that if the insured auto described on the declarations page is a trailer that the policy will be excess unless the trailer is attached to an insured auto that is a power unit owned that is specifically described on the declarations page.

## Important endorsement changes

We made changes to several endorsements. Please check your declarations page to see if any of these endorsements apply to your policy.

### Changes to the Motor Truck Cargo Legal Liability Coverage Endorsement (Form Z434)

- Under the Additional Definition 3. Covered Property, Excluded Properties has been modified as follows: Pharmaceuticals, Tobacco, Alcohol: This excluded property has been modified to "Pharmaceuticals, Tobacco, Marijuana Items, Alcohol."
- Under the Additional Definition 6. Insured Auto, coverage for listed trailers has been limited to when the trailer is attached to a power unit that is an insured auto, or while it is in due course of transit by an insured auto.

### Changes to the Roadside Assistance Coverage Endorsement (Form Z313)

- An exclusion has been added to hold that not more than three covered emergencies for any single insured auto in a six-month period will be covered.

Form 5276 (02/19)

## Provider Network Program

If you're hurt in an accident that's covered by your Progressive policy, you may have access to a network of medical providers in your area who can treat you. These providers may offer reduced rates through the network that could allow you to get more treatment if necessary.

Visit [progressive.com/providernetworks](http://progressive.com/providernetworks) anytime to find out what provider networks are available in your area. The claim representative handling your medical claim will also be able to provide this information if you're in an accident.

**You are under no obligation to use any network referenced above. You're free to see a medical service provider of your choice.** Using a provider within the network doesn't necessarily mean that we'll cover the cost of their services. If you're in an accident, always check with the claim representative handling your medical claim to confirm what's covered.

Form Z271 (01/12)

## Important Notice

Federal, state and local laws may require you to carry higher limits of liability insurance based on your business or vehicle type. It's your responsibility to comply with these laws.

Please contact the state department of transportation, your employer, or the city and municipalities where you operate, to determine if you're required to carry higher limits.

Form A107 (03/13)

## Important notice about a potential rate change

We use United States Department of Transportation (USDOT) information collected by the Federal Motor Carrier Safety Administration for rating. We are trying to determine if you have a USDOT Number. If you have a USDOT Number, please call 1-800-444-4487 to share it with us. Our review of this information could lead to a rate increase, decrease or no change at all.

Form A174 (09/14)

## Duty to list vehicles

If a federal or state endorsement is attached to this policy that subjects the Company to public liability for negligence in the insured's operation, maintenance or use of motor vehicles, you are required, as part of this renewal, to ensure that all commercially owned or operated vehicles have been disclosed to us and are listed on this renewal policy. You are also required to promptly notify us of any additional commercially owned or operated vehicles put into service in the future. Failure to promptly inform us of, and list, all current and future commercially owned or operated vehicles may result in the cancellation or nonrenewal of this policy, or in a premium increase. Please review the renewal policy declaration page and inform us promptly of any additional vehicles that need to be listed.

Form A177 (09/14)

## Your Renewal Policy – New Discount

We've made a change to the way we rate policies and want to tell you about it. We now offer a criteria-based discount for Electronic Funds Transfer (EFT) payments.

Please review your renewal offer for additional information about your rate. If you would like more information on receiving the EFT discount or have any questions about this discount, please call Customer Service at 1-800-444-4487.

Form A192E (08/19)

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**Important notice about a potential rate change**

If you have a driver listed on your policy with a license issued by any state other than your policy state, that may have caused an increase in your premium.

Please contact Customer Service at 1-800-444-4487 if a driver licensed out of state has obtained a new driver's license.

Form A257 (05/18)

**Agent compensation disclosure**

The insurance producer that sold you this policy is a licensed independent insurance agent authorized by Progressive Casualty Insurance Co and by other insurance companies to solicit business on their behalf. We believe that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

We will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (05/05)

A - ONE INSURANCE AG  
104 TURNPIKE ST  
W BRIDGEWATER, MA 02379



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

**Policy number: 02836523-1**

Underwritten by:  
Progressive Casualty Insurance Co  
Insured:  
OM SAI ENTERPRISES  
October 2, 2021  
Policy Period: Oct 28, 2021 - Oct 28, 2022

**Mailing Address**

Progressive Casualty Insurance Co  
PO Box 94739  
Cleveland, OH 44101

## Additional insured endorsement

**Name of Person or Organization**

TD AUTO FIN LLC  
PO BOX 8400  
LEWISTON, ME 04243

The person or organization named above is an **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person liable for the conduct of another **insured** and then only to the extent of that liability. **We** also agree with **you** that insurance provided by this endorsement will be primary for any power unit specifically described on the **Declarations Page**.

**Limit of Liability**

Bodily Injury	Not applicable
Property Damage	Not applicable
Combined Liability	\$1,000,000 each <b>accident</b>

**All other terms, limits and provisions of this policy remain unchanged.**

This endorsement applies to Policy Number: 02836523-1  
Issued to (Name of Insured): OM SAI ENTERPRISES  
OM SAI ENTERPRISES INC

Effective date of endorsement: 10/28/2021      Policy expiration date: 10/28/2022

Form 1198 (01/04)

**1-800-444-4487**

For customer service, 24 hours a day,  
7 days a week

## Rental Reimbursement Coverage Endorsement

Except as specifically modified in this endorsement, all provisions of the Commercial Auto Policy apply.

**We agree with you** that the insurance provided under **your** Commercial Auto Policy is modified as follows:

### Insuring Agreement

Subject to the Limits of Liability, if **you** pay the premium for Rental Reimbursement Coverage, **we** will reimburse rental charges incurred when **you** rent an **auto** pursuant to a written rental agreement due to a **loss** to an **insured auto** that has Rental Reimbursement Coverage under this policy. This coverage applies only if **you** have purchased Collision Coverage and either Comprehensive Coverage or Fire and Theft With Combined Additional Coverage for that **insured auto** and the **loss** is covered under one of those coverages. If neither **you** nor **we** can locate a **reasonable replacement auto**, **we** will pay **you** the daily limit instead.

Additional charges for fuel are not covered. **We** will pay no more than the specified daily limit, including additional insurance, damage waivers, and/or equipment.

The maximum **we** will pay is the daily amount shown on the **declarations page** up to the number of days shown on the **declarations page**.

If Rental Reimbursement Coverage applies, no other coverage under this policy for rental expenses will apply.

Rental charges will be reimbursed beginning:

1. When the **insured auto** cannot be used for its intended purpose due to a **loss**; or
2. If the **insured auto** can be operated for its intended purpose, when **you** deliver the **insured auto** to an auto repair shop for repairs due to the **loss**; and ending the earliest of:
  1. When the **insured auto** has been returned to **you**;
  2. When the **insured auto** has been repaired;
  3. When the **insured auto** has been replaced;
  4. 72 hours after **we** make an offer to settle the **loss** if the **insured auto** is deemed by **us** to be a total loss; or
  5. When **you** incur 30 days worth of rental charges.

**You** must provide **us** written proof of **your** rental charges to be reimbursed.

### Additional Coverage

When Rental Reimbursement Coverage applies, **we** will consider the rented **auto** to be an **insured auto** for coverage under Part II - Damage To Your Auto. The rented **auto** will have the same coverages that **you** have purchased for the **insured auto** that the rented **auto** replaces, and the same deductible will apply.

### Definition

**"Reasonable replacement auto"** means an **auto** of the same type as the **insured auto** that is out of service, or an **auto** of a different type that can be used in a manner comparable to the **insured auto** that will permit **you** to continue **your** business operations. This may include the rental of a larger or heavier duty **auto** if it will allow **you** to continue to operate **your** business, if the rental is within the daily rate stated on the **declarations page**.

### Limits of Liability

The limit shown on the **declarations page** is the most **we** will pay under this endorsement for a **loss** to any one **insured auto**.

**ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.**





MIX  
Paper from  
responsible sources  
FSC® C102831

484-21

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

**PROGRESSIVE**

**IF YOU'RE IN AN ACCIDENT**

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

**TO REPORT A CLAIM**  
Call 1-800-274-4499 or go to [claims.progressive.com](http://claims.progressive.com).

**OM SAI ENTERPRISES  
OM SAI ENTERPRISES INC**



**PROGRESSIVE**

Form A024 (03/11)

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

**PROGRESSIVE**

**IF YOU'RE IN AN ACCIDENT**

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

**TO REPORT A CLAIM**  
Call 1-800-274-4499 or go to [claims.progressive.com](http://claims.progressive.com).

**OM SAI ENTERPRISES  
OM SAI ENTERPRISES INC**



**PROGRESSIVE**

Form A024 (03/11)







Boston Cool Ride Limo Inc  
Lahcene Belhouchet , President  
32 Adams St Newton, MA 02460  
#617-8693141  
Belhouchet70@gmail.com

Received  
10/19/21  
@ 4:21pm  
Check \$25.  
# 109.

October 19th, 2021

**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 renew Public Auto License to operate in Newton, MA.

Sincerely,

Lahcene Belhouchet

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

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

- 1. Name of Applicant: LAHCENE BELHOUCHE
- 2. Business Name: Boston Cool Ride Limo Inc  
 Business Address: 32 Adams St Newton MA 02460  
 Business Telephone Number: #617-8693141  
 email address: belhouchet70@gmail.com
- 3. Total number of Licenses:  
 PUBLIC AUTO = 1  
 TAXI LICENSE =

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

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

corporation S

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

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  
# 617-8693141

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: Lahcene Belhoucheh/Boston Cool Ride/32 Adams St Newton/617-869  
(Owner Name) (Company Name) (Company Address) (Company Phone Number) 3141  
belhoucheh70@gmail.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 65479		1GYS4GJR339279				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: Boston Cool Ride Limo Inc  
Address: 32 Adams St  
City/State/Zip: Newton MA 02460 Phone #: 617 869 3141

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

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

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

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

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

Signature: [Signature] Date: 10/19/21  
Phone #: 617 869 3141

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

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*One Avenue State, Massachusetts 02255*

June 3, 2013

TO WHOM IT MAY CONCERN

I hereby certify that

BOSTON COOL RIDE LIMO INC

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **June 3, 2013**

I also certify that so far as appears of record here, said corporation still has legal existence.



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


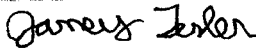
*William Francis Galvin*  
Secretary of the Commonwealth





# CERTIFICATE OF REGISTRATION

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

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

221254405



# CERTIFICATE OF LIABILITY INSURANCE

#435-21

DATE (MM/DD/YYYY)

06/24/21

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> Charles Obeid Insurance Agy 1895 Centre St West Roxbury, MA 02132	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 617-327-0003      FAX (A/C, No): 617-327-1548 E-MAIL ADDRESS: INFO@OBEIDINS.COM	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : PROGRESSIVE INS	<b>NAIC #</b>
<b>INSURED</b> Lahcene Belhouchet Boston Cool Ride 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 - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			03811575	06/22/21	06/22/22	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 20,000 BODILY INJURY (Per accident) \$ 40,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<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) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N 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)

ADDITIONAL INSURED: MASSPORT AUTHORITY DEPT  
 ONE HARBORSIDE DR  
 BOSTON MA 02128

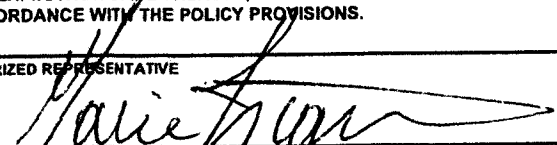
2018 CADILLAC ESCALADE VIN #1GYS4GKJ4JR339279

**CERTIFICATE HOLDER****CANCELLATION**

MASSPORT AUTHORITY DEPT  
 ONE HARBORSIDE DR  
 BOSTON MA 02128

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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Resident stickers and visitor permits and ordinances governing their use shall be effective ~~daily between the hours of 7:00 p.m. and 7:00 a.m. during all hours that parking meters are not in operation~~ for municipal lot parking. All other parking and traffic regulations and ordinances of the City of Newton remain in full force and effect and must be obeyed by sticker or permit parkers

## Limitations on the Issuance of Firearms Business Licenses

### 1. Purpose

The primary purpose of gun control legislation in the Commonwealth is the promotion of public safety and prevention of crime and violence through thoughtful limitation of access to deadly and dangerous weapons to irresponsible people. This interest in protecting the health, welfare and safety of citizens is both compelling and significant, and it is shared equally by the City of Newton. To achieve this goal, and taking into consideration the Constitutional protections afforded to those duly licensed to own and possess firearms, it is a proper exercise of municipal police power to take action to appropriately regulate commercial access to firearms within the City of Newton. This ordinance is intended to supplement the statutory gun control framework of the Commonwealth.

### 2. Definitions

For the purposes of this ordinance, the terms used herein shall have the same definitions as set forth in M.G.L. c. 140 § 121, as may be amended.

### 3. Limitations on licenses for the sale of firearms issued in Newton

- (a) The issuance of one (1) license to sell, rent, or lease firearms, rifles, shotguns and machine guns in the City of Newton shall constitute reasonable grounds for the Chief of Police to deny any and all other applications for such license.
- (b) The Chief of Police shall not issue more than one (1) license to sell, rent or lease firearms, rifles, shotguns and machine guns to be exercised contemporaneously within the City of Newton.

### 4. Limitations on licenses for gunsmithing issued in Newton

- (a) The issuance of one (1) license to be in business as a gunsmith in the City of Newton shall constitute reasonable grounds for the Chief of Police to deny any and all other applications for such license.
- (b) The Chief of Police shall not issue more than one (1) license to be in business as a gunsmith to be exercised contemporaneously within the City of Newton.

### 5. Limitations on licenses for the sale of ammunition issued in Newton

- (a) The issuance of one (1) license to sell ammunition shall constitute reasonable grounds for the Chief of Police to deny all other applications for such license.
- (b) The Chief of Police shall not issue more than one (1) license to sell ammunition to be exercised contemporaneously within the City of Newton.
- (c) This section 5 shall not apply to the issuance of a license to sell ammunition to a licensed shooting club or firing range facility for regulated shooting on their premises.

6. Severability

If any portion of this ordinance is ruled invalid, such ruling will not affect the validity of the remainder of the ordinance.