



# Public Safety & Transportation Committee Agenda

## City of Newton In City Council

Wednesday, December 7, 2022

7:00 p.m.

The Public Safety & Transportation Committee will hold this meeting as a virtual meeting on Wednesday, December 7, 2022 at 7:00 pm. To view this meeting using Zoom use this link <https://us02web.zoom.us/j/87606529998> or call 1-646-558-8656 and use the following Meeting ID: **876 0652 9998**

### Items Scheduled for Discussion:

- #517-22**      **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.
- #518-22**      **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.
- #519-22**      **Requesting renewal of public auto license**  
DONALD LAPLANTE, 21 Parker Street, Newton Centre, MA 02459 requesting **renewal of one (1) public auto license** for Don's Car Service.
- #520-22**      **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.
- #521-22**      **Requesting renewal of public auto license**  
DHANRAJ MAHASE, 275 Grove Street, 2-400, Newton, MA 02466 requesting **renewal of one (1) public auto license** for MHS Worldwide, LLC.

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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.

**#522-22 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.

**#523-22 Requesting renewal of public auto license**  
RAJIV KUMAR, 2323 Washington Street, Apt. #G3, Newton, MA 02462 requesting **renewal of one (1) public auto license** for Om Sai Enterprises Inc.

**#524-22 Requesting renewal of public auto license**  
KIKUYU DANIELS, 250 Austin Street, Newton, MA 02465 requesting renewal of one (1) public auto license for Mindful Livery LLC.

**Chair's Note:** *The Programs & Services Committee will join the Committee to discuss the following one (1) item.*

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

**#525-22 Request for an amendment to City Ordinances regarding outdoor dining**  
HER HONOR THE MAYOR requesting a discussion and amendment to City Ordinances necessary to continue outdoor dining on a permanent basis.

**Chair's Note:** *It is the Chair's intent to vote no action necessary on the following item:*

**Referred to Public Safety & Transportation and Public Facilities Committee**

**#137-22 Granting administrative authority to seasonably approve the use of on-street parking for outdoor dining**  
HER HONOR THE MAYOR requesting to grant administrative authority to the Commissioner of Public Works, the Director of Planning and Development, and the Police Chief to seasonably approve the use of on-street parking spaces for restaurant outdoor dining.

Respectfully submitted,

Andreae Downs, Chair

10/4/22

#517-22

Received

\$25.00

Check #1643

09-28-22.

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

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

Michael Gimmelfarb.  
Owner.

To whom it may concern!

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

Thank You!

Michael Gimmelfarb.

CITY CLERK  
NEWTON, MA. 02459

2022 OCT -4 AM 9:00

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: 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 Gimmelfarb 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 Address) Newton MA 02461

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>nd</sup> INSPECTION (mileage & meter #)
1. LV 76277	2	4JGDFLEESA	687895			
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. G. [Signature] Date: 09-28-22

Phone #: 617-834-5964


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

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

Issuing Authority (circle one):

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

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

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

Date of this notice: 08-05-2008

Employer Identification Number:  
26-3114478

Form: SS-4

Number of this notice: CP 575 B

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

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

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

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

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

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

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

Form 1065

04/15/2009

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

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

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

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

# 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 REGISTRATION #517-22

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

Plate Type LVN	Registration Type LIVERY NORMAL	Plate Number LV76277	Effective Date 01-Aug-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		
					Signature of Registrar <i>James J. [Signature]</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.



230155253

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



# CERTIFICATE OF LIABILITY INSURANCE

#517-22

DATE (MM/DD/YYYY)  
05/16/2022

<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	05/21/2022	05/21/2023	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 ADDITINAL 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
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#518-22

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

Received  
\$25.00 check  
# 114  
on 10/18/22

October 5th, 2022

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

Dear City Council,

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

Sincerely,

Lahcene Belhouchet

RECEIVED  
2022 OCT 18 PM 2:25  
CITY CLERK  
NEWTON, MA. 02459

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: Lahcane Belhouchet / Boston Cool Ride Limo Inc / 32 Adams St Newton MA 02460  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
belhouchet70@gmail.com #617869314  
(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 #)
LV65479		1GYS4GKJR339279				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**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 BELHOUCHET
- 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: belhouchet70@gmail.com

PUBLIC AUTO = 1  
 TAXI LICENSE =

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

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

corporation S

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

Belhouchet 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  
 President - Lahcene Belhouchet

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

Lahcene Belhouchet, President  
 # 617 8693141



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 #: 6178693141

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: \_\_\_\_\_  
Insurer's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

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

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

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

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

Signature: [Signature] Date: 10/5/2022  
Phone #: 6178693141

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

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

Issuing Authority (circle one):

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

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



# DBA

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

253  
City Clerk's Use

\$35.00 Filing Fee  
Requires Renewal Every 4 Years

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

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

Full name and address of owner:

Signature of either owner/president/treasurer:

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

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

BELHOUCHE LAHCENE  
555156431  
7/8/26  
MA LTC

Notary Public / City Clerk Agent

Commission Expiration/Seal

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

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

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

See Reverse



**Attention:**

**To Be Completed By The Business Owner:**

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

**YES** [owner choose one] **NO**

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

**Is the Business New, or a Renewal?**

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

[owner choose one]

**To Be Completed By Inspectional Services Department Official:**

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

Zoning District <del>SARZ</del> MR1	Attest Initials/Date  / 10/6/22
--	---

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

Book 61	Page 253
---------	----------

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



Newton City Clerk

Date & Time Stamp:



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





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

**HOME BUSINESS  
OFFICE AFFIDAVIT  
HBOA-22-28**

Property Address: 32 ADAMS ST,  
Business Name: Boston Cool Ride Limo Inc  
Proposed Use: transportation

Business Owner's Name: Lahcene Belhouchet  
Are you renting/leasing at this address: No

Describe the intended business or office use: transportation

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

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

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

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

1. The home business shall be clearly incidental and secondary to the use of the dwelling as a residence, shall be located within the dwelling unit, and shall not change the residential character thereof;
2. Irrespective of the location of the home business within the dwelling unit, the total area of the dwelling unit utilized for the home business shall not exceed thirty percent (30%) of the ground floor area of the dwelling unit or thirty percent (30%) of the gross floor area of an individual apartment if the dwelling unit is located in a multi family dwelling;
3. Not more than one (1) nonresident shall be employed in a secretarial or like position in a home business, except that a physician or dentist may employ one (1) technician in a capacity supportive of the practice of the resident professional in addition to one (1) secretary; not more than three (3) customers, pupils or patients for business or instruction shall be present at any one time;
4. There shall be no on-premise storage of merchandise for sale in any instance where the home business is primarily a direct mail-order or telephone-order business, except in instances where the merchandise for sale is produced entirely on the premises;
5. There shall be no exterior display or exterior storage of merchandise, and no exterior indication of the home business other than one (1) non-illuminated identification sign not to exceed one (1) square feet in area;
6. There shall be no retail or wholesale sale of merchandise on the premises;
7. The home business shall not produce noise, vibration, glare, fumes, odors, electrical interference or traffic congestion beyond that which normally occurs in the immediate residential area, nor shall the home business result in the repeated disruption of the peace, tranquility, or safety of the immediate residential neighborhood;
8. In addition to the parking required for the residential use of a dwelling unit, off street parking shall be provided as follows: one (1) parking stall for each two hundred (200) square feet, or fraction thereof, of floor area used for the home business. If more than one (1) parking stall is required for the home business, the total number of parking stalls required shall be reduced by one (1) stall;
9. In any single family dwelling which has an authorized accessory apartment there shall be no more than one (1) home business, which shall be located in the principal dwelling unit.

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

*If renting/leasing at this address this section must be completed:*

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

*Lahcene Belhouchet*  
Business Owner Signature and Date

*Jeffrey*  
Homeowner Signature and Date


Lahcene Belhouchet



# CERTIFICATE OF REGISTRATION

#518-22

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

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

## Important Information for Vehicle Owners

241465812

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

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



BOSTCOO-01

#518-22  
KPAVLENKO

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/17/2022

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

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

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

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			<b>5925607</b>	<b>6/22/2022</b>	<b>6/22/2023</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				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)  
Scheduled Vehicles:  
2018 Cadi Escalade/1GYS4GKJ4JR339279

<b>CERTIFICATE HOLDER</b>  To Whom It May Concern	<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 

Don's Car Service

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

Received #519-22  
\$25.00 payment  
Money order  
#19-396037987

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

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

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

Respectfully Submitted,

Don LaPlante

*Donald LaPlante*

CITY CLERK  
NEWTON, MA. 02459

2002 OCT 25 AM 8:11

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: Donald LaPlante
- 2. Business Name: Dons Carservice  
Business Address: 395 Lexington St. Auburndale, ma, 02466  
Business Telephone Number:  
email address: Donscarservice@live.com

3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

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

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

Sole Proprietorship

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

Donald Laplante - 395 Lexington St. Auburndale ma. 02466

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

NO

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

NO

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

Donald Laplante - owner - 617-510-1485

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

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

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>ND</sup> INSPECTION (mileage & meter #)
1. 8TL428	14	5TDJZ3DCGHS166094		76788		
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

www.mass.gov/dia

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

**Applicant Information**

Please Print Legibly

Business/Organization Name: Don's Car Service

Address: 395 Lexington Street

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

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

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

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

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

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

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

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

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

Signature: Ronald LaPlante Date: 10/20/2022

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

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

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

Issuing Authority (circle one):

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

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



Commonwealth of Massachusetts  
City of Newton  
Business Certificate

370  
City Clerk's Use Only

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

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

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

Name	Donald S. LaPlante	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. (seal)

[Signature]  
Notary Public

My commission Expires: MA Drivers License Exp: 10/20/22  
Verified by Manu 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.



City of Newton



Setti D. Warren  
Mayor

# Inspectional Services Department

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

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

## HOME BUSINESS/OFFICE AFFIDAVIT

BUSINESS NAME: Don's car service

PROPOSED USE: Phone and office use.

BUSINESS OWNER'S NAME: Donald Laplante

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

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

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

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

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

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

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

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

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

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

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

Donald Laplante  
SIGNATURE OF BUSINESS OWNER

10-20-1948  
DATE

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

X Anna Lively  
SIGNATURE OF HOME OWNER

10-20-17-48  
DATE

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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



# CERTIFICATE OF REGISTRATION #519-22

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

EXTERNAL CODE *		REGISTRATION TYPE		PLATE NUMBER	EFFECTIVE DATE	TITLE NUMBER	EXPIRES ON
PAN		Passenger Normal Red		8TL428	01-Sep-2022	CA403262	31-Aug-2024
MODEL YEAR	MAKE	MODEL	MODEL NUMBER	BODY STYLE	COLOR	VEHICLE IDENTIFICATION NUMBER	
2017	TOYT	SIENNA	5366A	VAN	GRAY	5TDJZ3DC6HS166094	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER	
21 PARKER ST APT 28 NEWTON MA 02459-2554							
GARAGE ADDRESS						US DOT NUMBER FOR COMMERCIAL VEHICLE	
21 PARKER ST APT 28 NEWTON MA 02459-2554							
NAME(S) OF OWNER(S) AND MAILING ADDRESS						INSURANCE COMPANY	
DONALD S LAPLANTE 21 PARKER ST APT 28 NEWTON CENTER MA 02459-2554						PROGRESSIVE DIRECT INSURANCE COMPANY	
						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE	
LESSEE/IN CUSTODY OF						<i>Colleen J. O'Brien</i> Registrar of Motor Vehicles	
SPECIAL MESSAGE						CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE	

### Important information for vehicle owners

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

PROGRESSIVE  
P.O. BOX 31260  
TAMPA, FL 33631

#519-22

**PROGRESSIVE**  
DIRECT Auto

DONALD S LAPLANTE  
21 PARKER STREET  
APT#28  
NEWTON CENTER, MA 02459

**Policy Number: 913391052**

Underwritten by:  
Progressive Direct Insurance Co  
July 11, 2022  
Policy Period: Aug 7, 2022 - Feb 7, 2023  
Page 1 of 3

**progressive.com**

**Online Service**

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

**1-800-776-4737**

For customer service and claims service,  
24 hours a day, 7 days a week.  
P.O. Box 31260  
Tampa, FL 33631

# 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, 2022 at 12:01 a.m. This policy expires on February 7, 2023 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 members**

**Donald S LaPlante**

Additional information: 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: 02459

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		\$212
Personal Injury Protection (Part 2)	\$8,000 each person	\$250	24
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		5
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$50,000 each accident		162

**Optional insurance**

	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$50,000 each person/\$100,000 each accident		20
Collision (Part 7)	Actual Cash Value	\$1,000 w/waiver	235
Comprehensive (Part 9)	Actual Cash Value	\$1,000	32
Comprehensive Window Glass		\$100 glass	
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		46

**Total 6 month policy premium** **\$736.00**

**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, Automatic Card Payments (ACP), Five-Year Claim Free, Online Quote, Continuous Insurance: Diamond and Three-Year Safe Driving
Driver	Donald S LaPlante	65 Plus
Vehicle	2017 TOYOTA SIENNA	Smart Technology Discount

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

**Lienholder information**

Vehicle	Lienholder
2017 TOYOTA SIENNA 5TDJZ3DC6HS166094	TOYOTA MOTOR CREDIT ATLANTA, GA 30348



09/13/22 Received  
\$25. payment

---

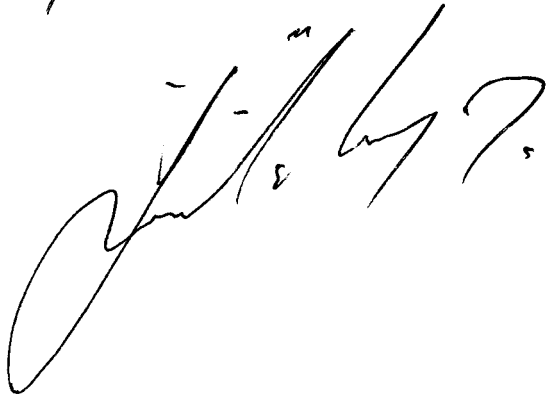
#520-22

09/12/22

To the Newton City Council

I am requesting a renewal for my  
public auto licence

Ismail LUKOC



RECEIVED  
2022 SEP 13 11:11:13  
CITY CLERK  
NEWTON, MA 02459



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

September 13, 2022 at 11:15 am

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
<b>Clerk Order System</b>					
	2022	1	ISMAEL UNKOC	ONLINE	\$25.00
			CITY COUNCIL MISCELLANEOUS REV	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-7676261

Reference Code: 200033707/200033711

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

[Print Receipt](#)

[Return to ePOS Catalog](#)



Copyright © 2022 - City Hall Systems, Inc. - All Rights Reserved.  
For questions or comments, please email: [efay@cityhallsystems.com](mailto:efay@cityhallsystems.com)  
For help, Monday-Friday 8:30AM-5PM ET, please call 800-435-3465.

Terms & Conditions of Use  
Security & Privacy

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

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

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

3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

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

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

LLC.

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

—

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

—

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

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

ISMAIL UNKOC owner/operator 617 775 4784



TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: ISMAIL UNKOC IZMOLIMO LLC 184 River St. W. Newton 02465 (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	146.000			
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: IZMOLIMO LLC  
Address: 184 River St.  
City/State/Zip: W. Newton 02465 Phone #: (617) 775 4784

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

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

**Business Type (required):**

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

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

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

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

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

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

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

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

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

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

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

Signature: \_\_\_\_\_ Date: 09/12/2022

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 02188*

William Francis Galvin  
Secretary of the  
Commonwealth

January 22, 2020

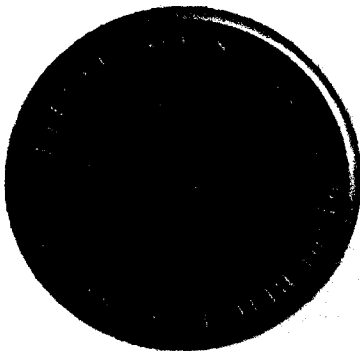
TO WHOM IT MAY CONCERN:

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

Processed By:IL



**The Commonwealth of Massachusetts  
William Francis Galvin**

Minimum Fee: \$500.00

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

**Certificate of Organization**  
(General Laws, Chapter )

Identification Number: 001421529

1. The exact name of the limited liability company is: IZMOLIMO LLC

2a. Location of its principal office:

No. and Street: 184 RIVER ST  
City or Town: WEST NEWTON State: MA Zip: 02465 Country: USA

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

No. and Street: 184 RIVER ST  
City or Town: WEST NEWTON State: MA Zip: 02465 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 SERVICE

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: ISMAIL UNKOC  
No. and Street: 184 RIVER ST  
City or Town: WEST NEWTON State: MA Zip: 02465 Country: USA

I, ISMAIL UNKOC 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	ISMAIL UNKOC	184 RIVER ST WEST NEWTON, MA 02465 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	ISMAIL UNKOC UNKOC	184 RIVER ST WEST NEWTON, MA 02465 USA

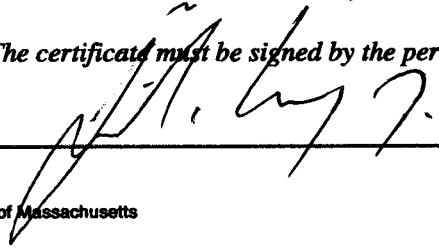
8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	ISMAIL UNKOC	184 RIVER ST WEST NEWTON, MA 02466 USA

9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 21 Day of January, 2020,**  
**ISMAIL UNKOC**

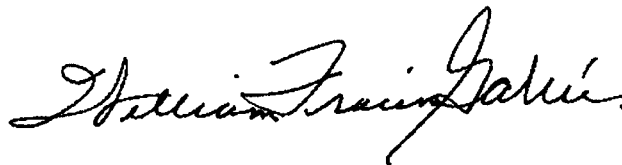
*(The certificate must be signed by the person forming the LLC.)*



**THE COMMONWEALTH OF MASSACHUSETTS**

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

January 21, 2020 02:13 PM

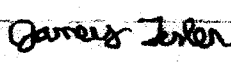
A handwritten signature in cursive script that reads "William Francis Galvin".

**WILLIAM FRANCIS GALVIN**

*Secretary of the Commonwealth*



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 LV88122	Effective Date 01-Mar-2021	Title Number CA884849	Month 02	Year 23
Model Year 2018	Make CADI	Model XTS	Body Style SEDAN	Color(s) BLACK	Vehicle Identification Number 2G81M5S39J6156660	
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 02458 ISMAIL UNKOC 184 RIVER ST WEST NEWTON MA 02465-1430				Insurance Company PROGRESSIVE CASUALTY INSURANCE COMPANY		
Lessee/In Custody Of				Maximum Seating Capacity for Vehicles for Hire 5		
				 Not Valid Without Official Signature of Registrar		
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



# CERTIFICATE OF LIABILITY INSURANCE

#520-22

DATE (MM/DD/YYYY)  
11/05/2021

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> <b>PHONE (A/C, No, Ext):</b> (617) 464-3777 <b>FAX (A/C, No):</b> (617) 464-3888 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Ismail Unkoc DBA Izmolimo LLC 184 River St  West Newton MA 02465		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Progressive Casualty Ins Co. NAIC # 24260 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CL2111544627

REVISION NUMBER:

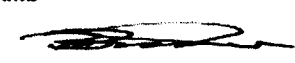
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - 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		01350076-2	11/07/2021	11/07/2022	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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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)

Certificate Holder is also Additional Insured. Insured vehicle: 2018 Cadillac XTS (MA Reg. LV86122 / VIN: 2G61M5S39J156660).

**CERTIFICATE HOLDER****CANCELLATION**

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



Received  
\$ 25 payment  
Check # 151

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

requesting Public Auto renewal for  
MHS Worldwide, LLC.

(formerly Mahase Livery Services, LLC)

RECEIVED  
2022 OCT 28 AM 10:29  
CITY CLERK  
NEWTON, MA 02459

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

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

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

- 3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

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

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

Sole Proprietorship

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

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

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

No Partnership

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

Dhanraj Mahase

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

Dhanraj Mahase  
774-444-9888

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

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

774-444-9888

(Owner Name)

(Company Name)

(Company Address)

(Company Phone Number)

info@mhsworldwide.com

(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA#	MEDALLION#	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1ST INSPECTION (mileage & meter#)	2 <sup>nd</sup> INSPECTION (mileage & meter#)
1. Lvn Lv81607		1GYS4JK0KR288751	72,000			
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

**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: [Handwritten Signature]

Date: 10-20-2020

Phone #: 774-444-9888

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

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

Issuing Authority (circle one):

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

Contact Person: \_\_\_\_\_

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



The Commonwealth of Massachusetts  
William Francis Galvin

Minimum Fee: \$100.00

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

Certificate of Amendment

(General Laws, Chapter 156C)

Identification Number: 001292539

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

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

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

2a. Location of its principal office:

No. and Street: 275 GROVE ST.  
2-400

City or Town: NEWTON State: MA Zip: 02466 Country: USA

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

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: UNITED STATES CORPORATION AGENTS, INC.

No. and Street: 101 BILLERICA AVE., BLDG. 5, SUITE 204

City or Town: NORTH BILLERICA State: MA Zip: 01862 Country: USA

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

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

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	DHANRAJ MAHASE	123 ANTWERP ST., UNIT 414 BRIGHTON, MA 02135 USA

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

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

**9. Additional matters:**

**10. State the amendments to the certificate:**

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

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

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



# CERTIFICATE OF REGISTRATION

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		
					Signature of Registrar <i>James J. Jeter</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.

230144343

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



# CERTIFICATE OF LIABILITY INSURANCE

#521-22

DATE (MM/DD/YYYY)  
10/12/2022

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

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

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

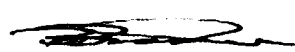
**COVERAGES**                      **CERTIFICATE NUMBER:** CL21101544538                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	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 OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		1020123085	10/10/2022	10/10/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 20,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> 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)

Massport is listed as Additional Insured.  
  
2019 Cadillac Escalade (1GYS4JKJ0KR288751) plate# LV81607  
Driver: MAHASE, DHANRAJ LIC # S29804980

<b>CERTIFICATE HOLDER</b>  Massport Authority 1 Harborside Drive Ste 200S  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 



#522-22

OCT 24 2022

Received 10/24/22

NOEL DIAZ

\$ 25.00 payment

46 Central Ave  
Newtonville

Application request for  
Public Auto Renewal License.

*Alor*

RECEIVED

2022 OCT 24 PM 12:22

CITY CLERK  
NEWTON, MA 02459



Bill Cart	
Items In Cart:	1
Subtotal:	\$ 25.00
Page Count:	1

October 24, 2022 at 12:20 pm

TYPE	YEAR	NUMBER	NAME	DESCRIPTION	AMOUNT
<b>Clerk Order System</b>					
	2022	1	NOEL C DIAZ	ONLINE	\$25.00
			CITY CLERK MISCELLANEOUS REVENUE	1 x \$25.00	\$25.00
			CONVENIENCE FEE		\$1.00
			TOTAL AMOUNT PAID	CREDITCARD	\$26.00

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

Transaction Code: CHS-NEWTON-MA-US-7830723

Reference Code: 203982279/203982284

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

[Print Receipt](#)

[Return to ePOS Catalog](#)



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For questions or comments, please email: [ePay@CityHallSystems.com](mailto:ePay@CityHallSystems.com)  
For help, Monday-Friday 8:30AM-5PM ET, please call 808-391-5400.

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

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

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

1. Name of Applicant: NOEL DIAZ
2. Business Name: NEWTON LIMOS COMPANY  
Business Address: 46 CENTRAL AVE. NEWTONVILLE  
Business Telephone Number:  
email address: noelestepa@icloud.com
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):  
sole proprietorship
6. If the business is a sole proprietor, please state the full name and address of the owner:  
NOEL C. DIAZ 46 CENTRAL AVE. NEWTONVILLE
7. If the business is a partnership, please state the name and address of each partner:
8. If the business is a corporation, please state the full corporate name and list the officers of the corporation (President, Vice President, Treasurer or Clerk/Secretary):
9. Please provide the name, title and business telephone number of the person to contact concerning complaints:  
NOEL DIAZ 617 775 4735

TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION

LICENSE HOLDER: NOEL DIAZ      Newton LIMOS company      46 central ave Newtonville      6177547  
 (Owner Name)                      (Company Name)                      (Company Address)                      (Company Phone Number)      35

noelstepu@1cloud.com  
 (email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>nd</sup> INSPECTION (mileage & meter #)
1. <u>LY88175</u>	<u>-</u>	<u>26G1M5533K9115510</u>				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

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

**Applicant Information**

Please Print Legibly

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

Business Type (required):

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

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

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

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

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

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

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

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

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

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

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

Signature: [Signature] Date: 10/24/2022

Phone #: 617 775 4735

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

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

Issuing Authority (circle one):

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

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

MA SOC Filing Number: 202053827210 Date: 1/15/2020 8:35:00 PM

~~#42224~~

~~#50232~~

Expires 7/29/23



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

~~77-522-22~~  
~~77-522-22~~

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.)*



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

### Important information for vehicle owners

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

#522-22

DATE (MM/DD/YYYY)

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> <b>PHONE (A/C, No. Ext):</b> (617) 464-3777 <b>FAX (A/C, No):</b> (617) 464-3888 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b>  Noel Diaz 46 Central Ave  Newton MA 02460		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Progressive Casualty Insurance Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

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 
--	---

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LIGHTHOUSE INSURANCE  
540 GALLIVAN BLVD#211  
DORCHESTER, MA 02124

#522-22  
**PROGRESSIVE**  
COMMERCIAL

Named insured

NOEL DIAZ  
46 CENTRAL AVE  
NEWTON, MA 02460

**Policy number: 04038860-1**

Underwritten by:  
Progressive Casualty Insurance Co  
August 17, 2022  
Policy Period: Sep 13, 2022 - Sep 13, 2023  
Page 1 of 2

**agent.progressive.com**

**Online Service**

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

**1-617-464-3777**

**LIGHTHOUSE INSURANCE**

Contact your agent for personalized service.

**1-800-444-4487**

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

# Commercial Auto Insurance Coverage Summary

## This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by September 13, 2022.

Your coverage begins on September 13, 2022 at 12:01 a.m. This policy expires on September 13, 2023 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), 4852MA (02/19), 4881MA (02/19) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

### Outline of coverage

Description	Limits	Deductible	Premium
<b>Liability To Others</b>			\$5,468
Compulsory Bodily Injury Liability	\$20,000 each person/\$40,000 each accident		
Compulsory Property Damage Liability	\$5,000 each accident		
Optional Bodily Injury / Property Damage	\$1,000,000 combined single limit		
Uninsured Motorist Bodily Injury	\$20,000 each person/\$40,000 each accident		63
Underinsured Motorist Bodily Injury	\$20,000 each person/\$40,000 each accident		110
Personal Injury Protection	\$8,000 limit per person	\$0	636
Comprehensive			588
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,732
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$8,597</b>
Fees			80
<b>Total 12 month policy premium and fees</b>			<b>\$8,677</b>

### Rated driver

1. NOEL DIAZ

**Auto coverage schedule**

1. **2019 Cadillac Xts** Stated Amount: \*\$50,895 (including Permanently Attached Equip)  
VIN: 2G61M5S33K9115510 Garaging Zip Code: 02460 Radius: 50

Liability Premium	Liability	UM BI	UIM BI	PIP	
	\$5,468	\$63	\$110	\$636	
Physical Damage Premium	Comp/Glass Deductible	Comp Premium	Coll Waiver Deductible	Coll Waiver Premium	Auto Total
	\$1000/\$0	\$588	\$1000	\$1,732	<b>\$8,597</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	
04038860-1	Paid In Full
Vehicle	
2019 Cadillac Xts	Anti-Theft Device 3 and Passive Restraint 2

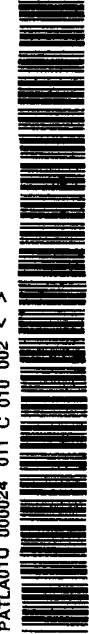
**Additional Insured information**

1. Additional Insured	GREEN WOOD CREDIT U 2669 POST ROAD WARWICK, RI 02886
2. Additional Insured	UBER 960 WILLIAM T BOSTON, MA 02122
3. Additional Insured	MASSPORT 1 HARBORSIDE DR BOSTON, MA 02128
4. Additional Insured	LYFT 10 MILK ST BOSTON, MA 02108

**Company officers**

*[Signature]*  
President

*[Signature]*  
Secretary



# Your ID Cards

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

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

**Thank you for choosing Progressive.**

/ FOLD PAGE ALONG PERFORATION AND TEAR /

**INSURANCE IDENTIFICATION CARD - Massachusetts**

**Policy Number:** 04038860-1    **NAIC Number:** 24260  
**Effective Date:** 09/13/2022    **Expiration Date:** 09/13/2023  
**Policy Type:** Commercial  
**Insurer:** Progressive Casualty Insurance Co 1-800-444-4487  
PO Box 94739 Cleveland, OH 44101

**Named Insured(s):**  
NOEL DIAZ  
**Your agent:**  
LIGHTHOUSE INSURANCE 1-817-464-3777  
540 GALLIVAN BLVD #211  
DORCHESTER, MA 02124

Year	Make	Model	VIN
2019	Cadillac	Xts	2G61M5S33K9115510

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

**PROGRESSIVE**

**THIS CARD LEFT BLANK INTENTIONALLY**

**PROGRESSIVE**

FOLD FOLD


**PROGRESSIVE**

/ FOLD PAGE ALONG PERFORATION AND TEAR /

**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.**

**PROGRESSIVE**

**NOEL DIAZ**



**PROGRESSIVE**

Form A024 (03/11)

**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).

**KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.**

**PROGRESSIVE**

**NOEL DIAZ**



**PROGRESSIVE**

Form A024 (03/11)

**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.
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**TO REPORT A CLAIM**

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



LIGHTHOUSE INSURANCE  
540 GALLIVAN BLVD#211  
DORCHESTER, MA 02124

#522-22  
**PROGRESSIVE**  
COMMERCIAL

NOEL DIAZ  
46 CENTRAL AVE  
NEWTON, MA 02460

**Policy number: 04038860-1**

Underwritten by:  
Progressive Casualty Insurance Co  
Insured:  
NOEL DIAZ  
August 17, 2022  
Policy Period: Sep 13, 2022 - Sep 13, 2023

**Mailing Address**

Progressive Casualty Insurance Co  
PO Box 94739  
Cleveland, OH 44101

## Additional insured endorsement

**Name of Person or Organization**

UBER  
960 WILLIAM T  
BOSTON, MA 02122

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**

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

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

This endorsement applies to Policy Number: 04038860-1

Issued to (Name of Insured): NOEL DIAZ

Effective date of endorsement: 09/13/2022

Policy expiration date: 09/13/2023

Form 1198 (01/04)

**1-800-444-4487**

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

LIGHTHOUSE INSURANCE  
540 GALLIVAN BLVD#211  
DORCHESTER, MA 02124

#522-22  
**PROGRESSIVE**  
COMMERCIAL

NOEL DIAZ  
46 CENTRAL AVE  
NEWTON, MA 02460

**Policy number: 04038860-1**

Underwritten by:  
Progressive Casualty Insurance Co  
Insured:  
NOEL DIAZ  
August 17, 2022  
Policy Period: Sep 13, 2022 - Sep 13, 2023

**Mailing Address**

Progressive Casualty Insurance Co  
PO Box 94739  
Cleveland, OH 44101

## Additional insured endorsement

**Name of Person or Organization**

LYFT  
10 MILK ST  
BOSTON, MA 02108

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**

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

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

This endorsement applies to Policy Number: 04038860-1

Issued to (Name of Insured): NOEL DIAZ

Effective date of endorsement: 09/13/2022

Policy expiration date: 09/13/2023

Form 1198 (01/04)

**1-800-444-4487**

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

LIGHTHOUSE INSURANCE  
540 GALLIVAN BLVD#211  
DORCHESTER, MA 02124

#522-22  
**PROGRESSIVE**  
COMMERCIAL

NOEL DIAZ  
46 CENTRAL AVE  
NEWTON, MA 02460

**Policy number: 04038860-1**

Underwritten by:  
Progressive Casualty Insurance Co  
Insured:  
NOEL DIAZ  
August 17, 2022  
Policy Period: Sep 13, 2022 - Sep 13, 2023

**Mailing Address**

Progressive Casualty Insurance Co  
PO Box 94739  
Cleveland, OH 44101

## Additional insured endorsement

**Name of Person or Organization**

MASSPORT  
1 HARBORSIDE DR  
BOSTON, MA 02128

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**

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

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

This endorsement applies to Policy Number: 04038860-1

Issued to (Name of Insured): NOEL DIAZ

Effective date of endorsement: 09/13/2022

Policy expiration date: 09/13/2023

**1-800-444-4487**

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



LIGHTHOUSE INSURANCE  
540 GALLIVAN BLVD#211  
DORCHESTER, MA 02124



NOEL DIAZ  
46 CENTRAL AVE  
NEWTON, MA 02460

**Policy number: 04038860-1**

Underwritten by:  
Progressive Casualty Insurance Co  
Insured:  
NOEL DIAZ  
August 17, 2022  
Policy Period: Sep 13, 2022 - Sep 13, 2023

**Mailing Address**

Progressive Casualty Insurance Co  
PO Box 94739  
Cleveland, OH 44101

## Additional insured endorsement

**Name of Person or Organization**

GREEN WOOD CREDIT U  
2669 POST ROAD  
WARWICK, RI 02886

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**

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

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

This endorsement applies to Policy Number: 04038860-1

Issued to (Name of Insured): NOEL DIAZ

Effective date of endorsement: 09/13/2022

Policy expiration date: 09/13/2023

Form 1198 (01/04)

**1-800-444-4487**

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

DATE 10/31/22

Received \$25.<sup>00</sup>  
Payment  
Check # 1082

To

City Council, Committee Clerk,  
Newton - MA 2459

Dear Sir/maham,

Hear with this letter me request  
Pleas renew my Public Safety &  
Transportation Auto License. for my  
buisness.

Thank you,

Sincerely



RAJIV KUMAR  
OM SAI ENTER. SNC.

2022 OCT 31 AM 10:31

RECEIVED  
NEWTON CITY CLERK

**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:

/

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

**LIMO CAR SERVICES**

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

**RAJIV KUMAR**

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

**— NIL —**

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

**OM SAI ENTERPRISES INC.**  
**RAJIV KUMAR / MARLITA 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 ENTERPRISES INC. 2323 WASHINGTON ST. APT 63, NEWTON MA 02462  
(Owner Name) (Company Name) (Company Address) (Company Phone Number)  
rajivberlin@yahoo.com 781-985-9461  
(email address)

Please list below for each vehicle:

MASS. REG.# TAXI/PA #	MEDALLION #	VEHICLE ID # (VIN)	ODOMETER READING	TAXI METER SERIAL #	1 <sup>ST</sup> INSPECTION (mileage & meter #)	2 <sup>ND</sup> INSPECTION (mileage & meter #)
1. <u>LV 84072</u>	<u>1GYS4KKL7NR146943</u>	<u>48786</u>			<u>0 miles. JAN 2022</u>	
2.	<u>(2022 CAD1 ESCALADE)</u>					
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



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

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

**Applicant Information** Please Print Legibly

Business/Organization Name: Om Sai Enterprises Inc.  
Address: 2323 Washington St. Apt G3  
City/State/Zip: Newton MA 02462 Phone #: 781-985-9461

Are you an employer? Check the appropriate box:

- 1.  I am 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 LIMO SERVICES.

\*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 Bridge Water MA 02379  
Policy # or Self-ins. Lic. # 02836523-2 Expiration Date: NOV. 2, 2023

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

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

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

Signature: [Signature] Date: 10/31/2022  
Phone #: 781-985-9461

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

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

Issuing Authority (circle one):

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

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



**The Commonwealth of Massachusetts  
William Francis Galvin**

Minimum Fee: \$100.00

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

(Expires  
2/2024)

Annual Report 2019  
General Laws, Chapter 156D, Section 10.22; 950 CMR 113.57)

Identification Number: 465418141

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

2. Jurisdiction of incorporation: State: MA Country:

3.A. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: RAJIV KUMAR  
No. and Street: 34 CLARK ST. APT 1  
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 2323 WASHINGTON STREET  
APARTMENT G-3  
City or Town: NEWTON State: MA Zip: 02462 Country: USA

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

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

7. Briefly describe the business of the corporation:

TRANSPORTATION

8. Capital stock of each class and series:

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

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

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

Filer's Contact Information

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

Contact Name: **RAJIV KUMAR**

Business Name:

No. and Street: **2323 WASHINGTON STREET  
APARTMENT G-3**

City or Town: **NEWTON**

State: **MA**

Zip: **02462**

Country: **USA**

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

Contact Email: **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



# 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>LV84072</b>	EFFECTIVE DATE <b>28-Dec-2021</b>	TITLE NUMBER <b>EXPIRES ON</b>	<b>28-Feb-2023</b>
MODEL YEAR <b>2022</b>	MAKE <b>CADI</b>	MODEL <b>ESCALADE</b>	MODEL NUMBER	BODY STYLE <b>UTIL</b>	COLOR <b>BLACK</b>	VEHICLE IDENTIFICATION NUMBER <b>1GYS4KKL7NR146943</b>	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER	
GARAGE ADDRESS <b>2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431</b>						US DOT NUMBER FOR COMMERCIAL VEHICLE	
NAME(S) OF OWNER(S) AND MAILING ADDRESS <b>OM SAI ENTERPRISES INC 2323 WASHINGTON ST APT G-3 NEWTON MA 02462-1431</b>						INSURANCE COMPANY <b>PROGRESSIVE CASUALTY INSURANCE COMPANY</b>	
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE	
						<i>Colleen J. O'Neil</i> Registrar of Motor Vehicles	
SPECIAL MESSAGE					CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE		

### Important information for vehicle owners

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

780171 133 2 MB 0.515 PATLA01M 003 000133

**Policy number: 02836523-2**

Underwritten by:  
Progressive Casualty Insurance Co  
October 6, 2022  
Policy Period: Nov 2, 2022 - Nov 2, 2023

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



## Renewal bill and policy information is enclosed

### Thank you for being a Progressive customer

#### Please review your policy documents today

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

Your current policy will expire on November 2, 2022 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	\$7,245.00
<b>Minimum amount due</b>	<b>\$7,245.00</b>
<b>Due date</b>	<b>November 2, 2022</b>

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 agent.progressive.com.

Please see reverse side for additional information.

Continued on back

## Payment Coupon

<b>Minimum amount due</b>	<b>\$7,245.00</b>
<b>Due date</b>	<b>November 2, 2022</b>
Amount enclosed	\$

**Policy number: 02836523-2**

Policyholder: OM SAI ENTERPRISES

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

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



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 0724500 0724500 5000268 9723314 002011022205

**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 [agent.progressive.com](http://agent.progressive.com).

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

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

**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: 02836523-2**

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Page 1 of 2

**agent.progressive.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 November 2, 2022.

Your coverage begins on November 2, 2022 at 12:01 a.m. This policy expires on November 2, 2023 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. Compulsory limits are included in, not in addition to, optional limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852MA (02/19), 1652MA (02/19), 4757MA (02/19), 4852MA (02/19), 4881MA (02/19) and 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		54
Underinsured Motorist Bodily Injury	\$100,000 combined single limit		94
Personal Injury Protection	\$8,000 limit per person	\$0	436
Medical Payments	\$5,000 each person		120
Comprehensive			937
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,425
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Total 12 month policy premium</b>			<b>\$7,245</b>

### Rated driver

1. RAJIV KUMAR

**Auto coverage schedule**

1. **2022 Cadillac Escalade** Stated Amount: \*\$92,000 (including Permanently Attached Equip)  
 VIN: 1GYS4KKL7NR146943 Garaging Zip Code: 02462 Radius: 50

<b>Liability Premium</b>	Liability \$4,179	UM BI \$54	UIM BI \$94	PIP \$436	Med Pay \$120	
<b>Physical Damage Premium</b>	Comp/Glass Deductible \$1000/\$0	Comp Premium \$937	Coll Waiver Deductible \$1000	Coll Waiver Premium \$1,425		<b>Auto Total \$7,245</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	02836523-2	Business Experience and Paid In Full
Vehicle	2022 Cadillac Escalade	Anti-Theft Device 1

**Loss Payee information**

1. Loss Payee      Auto 1      BANK OF AMERICA  
 PO BOX 2759 JACKSONVILLE, FL 32203  
 2022 Cadillac Escalade (1GYS4KKL7NR146943)

**Company officers**

*[Signature]*  
 President

*[Signature]*  
 Secretary



## 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.



**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).

## 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)

## Important notice about a potential rate change

If you have a driver listed on your policy with a license issued by any state, or anywhere outside of the United States, 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 or out of the country, and has obtained a new driver's license.

Form A257 (02/22)



Mindful Livery LLC  
250 Austin St Newton, MA 02465

#524-22  
Received  
Payment  
\$25.00  
Check  
#117

November 2, 2022

Dear Council:

Attached for your consideration is an application  
for renewal of a public auto license,

My company is Mindful Livery LLC and it  
is a sole proprietorship/Limited Liability Company.  
The address is 250 Austin St, Newton, MA 02465  
and I am the proprietor

Thank you.

Respectfully,  
*Kikuyu Daniels*  
Kikuyu Daniels  
Proprietor at Mindful Livery LLC

RECEIVED  
2022 NOV -2 AM 9:45  
CITY CLERK  
NEWTON, MA, 02459

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

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

- 1. Name of Applicant: KIKUYU DANIELS
- 2. Business Name: MINDFUL LIVERY LLC  
 Business Address: 250 Austin St, Newton, MA 02465  
 Business Telephone Number: 617-754-4923  
 email address: ~~kiku@mindful~~ kiku@mindful-holdings.com
- 3. Total number of Licenses:

PUBLIC AUTO = 1

TAXI LICENSE =

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

N/A

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

Sole proprietorship (LLC)

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

Kikuyu Daniels  
250 Austin St Newton, MA 02465

- 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:

Kiku Daniels, Proprietor/Manager  
617-754-4923

**TAXI LICENSE/PUBLIC AUTO RENEWAL APPLICATION**

LICENSE HOLDER: Kikuyu Daniels Midful Livery LLC 250 Austin St Newton, MA 02468 617-744-4923  
 (Owner Name) (Company Name) (Company Address) (Company Phone Number)  
kiku@midful-holdings.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.	LVA5969	IFM049GDKVB50927	45380 mi			
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: Mindful Livery LLC

Address: 250 Austin St Newton, MA 02465

City/State/Zip: Newton, MA 02465 Phone #: 617-794-4923

**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 Livery/Public Auto

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

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

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

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

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

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

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

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

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

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

Signature: [Handwritten Signature] Date: 11/2/2022

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

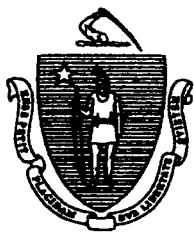
*Official use only. Do not write in this area, to be completed by city or town official.*

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

Issuing Authority (circle one):

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

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



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

William Francis Galvin  
Secretary of the  
Commonwealth

Date: April 28, 2022

To Whom It May Concern :

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

**MINDFUL LIVERY LLC**

in accordance with the provisions of Massachusetts General Laws, Chapter 156C, on

**March 29, 2022.**

I further certify that, so far as appears of record, said registration has not been cancelled, withdrawn, or revoked.



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 Number: 22040696610

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: smc



**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>LVA5969</b>		EFFECTIVE DATE <b>20-May-2022</b>		TITLE NUMBER <b>CD940685</b>		<b>30-Sep-2023</b>	
MODEL YEAR <b>2019</b>	MAKE <b>FORD</b>	MODEL <b>ESCAPE</b>	MODEL NUMBER	BODY STYLE <b>SUV</b>	COLOR <b>ORANG</b>	VEHICLE IDENTIFICATION NUMBER <b>1FMCU9GD6KUB50927</b>					
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
GARAGE ADDRESS <b>250 AUSTIN ST NEWTON MA 02465-2501</b>						US DOT NUMBER FOR COMMERCIAL VEHICLE					
NAME(S) OF OWNER(S) AND MAILING ADDRESS <b>KIKUYU DANIELS 250 AUSTIN ST NEWTON MA 02465-2501</b>						INSURANCE COMPANY <b>THE COMMERCE INSURANCE COMPANY</b>					
LESSEE/IN CUSTODY OF						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE					
SPECIAL MESSAGE <b>If this vehicle is newly acquired, it must be inspected within 7 days of registration.</b>						CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE					

**Important information for vehicle owners**

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



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
05/12/2022

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

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

<b>PRODUCER</b> Allmass Fernekees LLC 33 High St Reading MA 01867		<b>CONTACT NAME:</b> John A Fernekees <b>PHONE (A/C, No, Ext):</b> (781) 944-9800 <b>FAX (A/C, No):</b> (781) 944-8304 <b>E-MAIL ADDRESS:</b> john.a@allmassllc.com	
<b>INSURED</b> Kikuyu Daniels Mindful Livery LLC 250 Austin St Newton MA 02485		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Commerce Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2251203674      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR NSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		L00248	05/11/2022	05/11/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 300/500
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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)

<b>CERTIFICATE HOLDER</b> CITY OF NEWTON 1000 COMMONWEALTH AVE NEWTON CENTRE MA 02459	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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RECEIVED  
2022 OCT 31 PM 3:08  
City of Newton, Massachusetts  
Office of the Mayor

RUTHANNE FULLER  
MAYOR

CITY CLERK  
NEWTON, MA. 02459

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(617) 796-1113

TDD  
(617) 796-1089

E-mail  
[rfuller@newtonma.gov](mailto:rfuller@newtonma.gov)

October 31, 2022

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

Councilors:

I respectfully submit a docket item to your Honorable Council requesting the discussion of changes to City ordinances necessary to continue outdoor dining on a permanent basis.

Earlier this year the Administration sought and received permission from both the City Council and Traffic Council to continue to waive temporarily any City restrictions and permit seasonable outdoor dining on private property and approved on-street parking spaces from April 15, 2022 through January 1, 2023. The intent of this docket item would be to discuss the changes necessary to allow seasonal outdoor dining on a permanent basis which the Administration supports.

A memo from Director of Planning and Development Barney Heath and Director of Economic Development John Sisson is attached.

Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in black ink that reads "Ruthanne Fuller".

Ruthanne Fuller  
Mayor





Ruthanne Fuller  
Mayor

**City of Newton, Massachusetts**  
Department of Planning and Development  
1000 Commonwealth Avenue Newton, Massachusetts 02459

**#525-22**  
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Telefax  
(617) 796-1142  
TDD/TTY  
(617) 796-1089  
[www.newtonma.gov](http://www.newtonma.gov)

Barney Heath  
Director

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## MEMORANDUM

**To:** Mayor Ruthanne Fuller  
Jonathan Yeo, Chief Operating Officer

**From:** Barney Heath, Director of Planning & Development  
John Sisson, Director of Economic Development

**Date:** October 11, 2022

**Subject:** Docket Request for Discussion of Outdoor Dining

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At this time, we would request that the Administration docket the following item:

HER HONOR THE MAYOR requesting a discussion to address the changes to City ordinances necessary to continue to allow outdoor dining on a permanent basis.

Earlier this year the Administration sought and received permission from both the City Council and Traffic Council to continue to temporarily waive any City restrictions and permit seasonable outdoor dining on private property and approved on-street parking spaces from April 15, 2022 through January 1, 2023. The intent of this docket item would be to discuss the changes necessary to allow seasonal outdoor dining on a permanent basis.



Ruthanne Fuller  
Mayor

City of Newton, Massachusetts  
Office of the Mayor

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(617) 796-1089  
Email  
rfuller@newtonma.gov

January 10, 2022

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

Honorable City Councilors:

I respectfully submit this docket item to this Honorable Council requesting the creation of a Permanent Outdoor Dining Program for Newton restaurants to include:

(1) Granting of administrative authority to the Commissioner of Public Works, the Director of Planning and Development, and the Police Chief to seasonably approve the use of on-street parking space for restaurant outdoor dining. As the City Council decides on this permanent change, the City has docketed with the Traffic Council the continuation of a temporary policy allowing DPW to approve on-street dining in parking spaces, similar to what happened during 2021. This item will be heard by the Traffic Council on Jan. 20, 2022.

(2) Establishing an annual fee for \$250 per parking space for approved outdoor dining spaces and requesting such fee be waived for calendar year 2022.

(3) Amending the Health and Human Services General Ordinance Section 12-70 (Permits for café furniture on sidewalks) (a) (3) in the following manner:

Sec. 12-70 (c) (3):

The number, type and placement of such tables, chairs, benches, shade umbrellas, barriers and other appurtenances shall be subject to the approval of the commissioner, in consultation with other appropriate departments of the city, including the fire, police, public works, inspectional services and planning departments, and in conformity with any applicable ordinances or general laws. ~~Subject to the discretion of the commissioner, after consultation with the fire, police, public works, inspectional services and planning departments, permits may be granted to allow for the placement of up to eight (8) chairs or a number of chairs that represents ten percent (10%) of the total seating capacity for the licensed premises, whichever is greater.~~


(4) Identifying the City pathway for restaurants seeking to continue to maintain outdoor dining on private property.

RECEIVED  
2022 JAN 10 PM 4:55  
CITY CLERK  
NEWTON, MA 02459

Please see the attached memo from the Planning & Development Department's outdoor dining team (Commissioner Heath, Economic Development Director Bailin, Transportation Planning Director Freedman).

Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in black ink that reads "Ruthanne Fuller". The signature is written in a cursive style with a large initial "R" and a distinct "Fuller" at the end.

Mayor Ruthanne Fuller



Ruthanne Fuller  
Mayor

**City of Newton, Massachusetts**  
Department of Planning and Development  
1000 Commonwealth Avenue Newton, Massachusetts 02459

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Barney Heath  
Director

---

## MEMORANDUM

**TO:** Mayor Ruthanne Fuller  
Jonathan Yeo, Chief Operating Officer

**FROM:** Barney Heath, Director, Department of Planning and Development  
Nicole Freedman, Director of Transportation Planning  
Devra Bailin, Director of Economic Development

**DATE:** January 6, 2022

**RE:** **Outdoor Dining Docket Request**

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I would like to submit the following docket request for the Mayor's consideration:

HER HONOR THE MAYOR requesting the creation of Permanent Outdoor Dining Program for Newton restaurants to include:

- (1) Granting of administrative authority to the Commissioner of Public Works, the Director of Planning and Development, and the Police Chief to seasonably approve the use of on-street parking space for restaurant outdoor dining. As the City Council decides on a permanent change, the City has docketed with Traffic Council the continuation of allowing DPW to approve on a case by case basis the use of on-street parking spaces for outdoor dining as had been the process for 2021. This item is scheduled to be heard by Traffic Council on January 20, 2022.
- (2) Establishing an annual fee for \$250 per parking space for approved outdoor dining spaces and requesting such fee be waived for calendar year 2022
- (3) Amending the Health and Human Services General Ordinance Section 12-70 (Permits for café furniture on sidewalks) (a) (3) in the following manner:

Sec. 12-70 (c) (3):

The number, type and placement of such tables, chairs, benches, shade umbrellas, barriers and other appurtenances shall be subject to the approval of the commissioner, in consultation with other appropriate departments of the city, including the fire, police, public works, inspectional services and

~~planning departments, and in conformity with any applicable ordinances or general laws. Subject to the discretion of the commissioner, after consultation with the fire, police, public works, inspectional services and planning departments, permits may be granted to allow for the placement of up to eight (8) chairs or a number of chairs that represents ten percent (10%) of the total seating capacity for the licensed premises, whichever is greater.~~

(4) Identifying the necessary pathway for restaurants seeking to maintain outdoor dining on private property.