

7 SD MUST SIGN FIRST

APPLICATION FOR A LIVERY LICENSE

Application Fee \$100.00 per vehicle

Date 4/25/11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>8/10/2011</u>
Amount Paid	<u>100.00</u>

☐ New Application

For ☒ livery vehicles

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Diamond J Livery & Limo Transp Phone: 617-892-0302

Applicant's Address (with Zip Code): 132 Summer St, Somerville, MA 02143

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 80-0178723

Business DBA Name (if applicable): Diamond J Livery and Limo Transportation

Business Location (with Zip Code): 02143

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code): 132 Summer St Somerville, MA 02143

Emergency Contact: Mercedes Joseph Phone: 617-872-1605

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☐ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Mercedes Joseph

Address with Zip Code: Same

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

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CITY CLERK'S OFFICE
SOMERVILLE, MA

For New Applicants or Renewing Applicants making Additions or Changes:

Maximum number of vehicles to be operated 1

Garaging location of vehicles Same

Is the garaging location owned by the applicant? ☒ Yes ☐ No

If no, attach a copy of a lease or other evidence showing access to the property.

Attach an inventory of vehicles to be used to provide these services.

Attach a certificate of insurance showing insurance coverage on the vehicles.

For each of the following, describe briefly, and attach additional information as necessary:

Services to be offered and customers to be served TRANSPORTATION of client TO
Logan Airport night out on city
wedding, General Public

Public need for these services is Very High

Current and anticipated demand for these services Good and anticipated
Demand is expected to be very Good

Experience of the applicant worked as Taxi and Limosine before

Financial background of the applicant Good

INSPECTIONAL SERVICES DEPT. (for new applicants or applicants with new locations):

The Inspectional Svcs. Dept. finds that, with respect to both the business and garaging addresses:

_____ The use is permitted as of right

_____ The use requires a special permit

_____ The use is prohibited

Signature _____

Name and Title _____

POLICE DEPT. (for new applicants):

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature _____

Name and Title _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Aime Joseph

Date: 4/25/11

Print Name: Aime Joseph

Phone: 617-892-0302



CERTIFICATE OF REGISTRATION

EOT

Please keep this document in your vehicle at all times

PLATE TYPE LVN	REGISTRATION NUMBER LV49902	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 03/01/11	EXPIRES LAST DAY OF 02 13	TRANSACTION NUMBER 92103900013034
FRS MODEL YEAR 1999	MAKE LINC	MODEL TOWCAR	BODY STYLE/TYPE SEDAN	COLOR BLACK	Not valid without official signature of Registrar <i>Rachel Kaprielian</i>
VEHICLE IDENTIFICATION NUMBER 1LNHM81W9XY692954	INSURANCE COMPANY SAFETY INSURANCE	TITLE NUMBER BE335663	IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED.		
ESSENTIAL ADDRESS (IF DIFFERENT)			TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER.		

NAME(S) OF OWNER(S) AND MAILING ADDRESS



005309

*****AUTO**3-DIGIT 021

JOSEPH, AIME

APT#2

132 SUMMER ST

SOMERVILLE MA 02143-2710

FEES

REGISTRATION	90.00
TITLE	0.00
SPECIAL PLATES	0.00
SALES TAX	0.00
TOTAL	90.00

THE COMMONWEALTH OF MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

The records of the RMV database constitute the official status of the vehicle registration.

SPECIAL MESSAGE

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

CHANGE OF ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

Important Information for Vehicle Owners

- If this vehicle is newly acquired, it must be inspected within seven (7) days of registration.
- By law, you must report any change of address to the RMV within 30 days in writing. Address changes can be made on the RMV website: www.mass.gov/rmv or by mail to: RMV, P.O. Box 55889, Boston, MA 02205-5889. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- For Customer Service call: 1-800-858-3926 for area codes (351/413/508/774/978) or call 1-617-351-4500 for area codes (339/617/781/857).

- Return the registration plates to the RMV immediately if:

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



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

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

SAVE TIME IN LINE BY GOING ONLINE AT WWW.MASS.GOV/RMV

Change Your Address
Order Special Plates
Pay Citations
Registration Inquiry

Renew Your Driver's License
Renew Your Mass ID
Renew Your Registration
Replace Your Driver's License

Replace Your Mass ID
Request Duplicate Registration
Title/Lien Inquiry
Verify Driver's Education Certificate

VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS



CERTIFICATE OF LIABILITY INSURANCE

OP ID SG
AIMEU-2DATE (MM/DD/YYYY)
02/03/11

PRODUCER Waverley Insurance Agency 493 Trapelo Road Belmont MA 02478- Phone: 617-484-5216 Fax: 617-489-4626		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.	
INSURED Aime Joseph Aime Joseph 132 Summer St. Apt # 2 Somerville MA 02143		INSURERS AFFORDING COVERAGE INSURER A: Arhella Protection Insurance INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

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	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TBD	02/03/11	02/03/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ included
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>				WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

1999 Lincoln Towncar Vin 1LNHM81W9XY692954

Certificate holder is listed as an additional named insured on commercial auto policy.

CERTIFICATE HOLDER

MASSP01 Massachusetts Port Authority One Harborside Drive, #200S E. Boston MA 02128	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</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 Steve Gullotti
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**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Diene Mercedes Joseph

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

591-07-1542 # License S. 88748374

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Aime & Mercedes Joseph
Address of taxpayer/applicant's business in Somerville: Same 132 Summer St.
Address of taxpayer/applicant's home in Somerville: Same
Taxpayer/applicant's phone: day: 617-892-0302 evening: _____

I, (print name) Aime & Mercedes Joseph, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 25 day of April 25, 20 11 Aime & Mercedes Joseph
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☒ Real Estate ☒ Water/Sewer ☐ Personal Property ☐ Other: _____

12370098 # 231053001 # _____

NOTES:

CLERK'S INITIALS: (Signature)

ORIGINAL STAMP: 

RECEIVED
Library
6-20-11

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Prime Joseph
Address: 132 Summer St Apt 2
City: Somerville State: MA Zip: 02143 Phone #: 617-892-0302

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: Arbella (Waverley INS. Agency)
Address: P. BOX 371343
City: Pittsburgh, State: PA Zip: 15250 Phone #: 617-484-5216
Policy #: 54729400004 Expiration Date: 02/03/12

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature: Prime Joseph Date: 5/26/11
Print Name: Prime Joseph

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____