

APPLICATION FOR A LIVERY LICENSE

Application Fee \$100.00 per vehicle

2011 FEB -7 P 1:24

FOR CITY CLERK'S OFFICE ONLY

Date

2/7/11

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date Recorded

2/7/11 - MS

Amount Paid

\$100.00 CASH

☒ New Application

For 1 livery vehicles

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: DDH Hotel Somerville LLC Phone: 617-628-1000

Business DBA Name (if applicable): Holiday Inn Somerville

Address with Zip Code: 30 Washington St Somerville, MA 02143

Tax Identification Number: 27-2167407 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): 30 Washington St

Address with Zip Code: Somerville, MA 02143

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Jim Harvey Phone: 617-850-2803

Emergency Contact 2: Lou Carrier Phone: 702-236-2228

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

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

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

* Partner's/Member's/President's Name: David Shamoian

Address with Zip Code: 319 Speen Street Natick, MA 01760

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

Address with Zip Code: _____

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

Address with Zip Code: _____

For New Applicants or Renewing Applicants making Additions or Changes:

Maximum number of vehicles to be operated 1

Garaging location of vehicles 30 Washington St Somerville MA 02143

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 Airport pick up and drop off Boston - Logan Airport

Public need for these services Private, Customers only

Current and anticipated demand for these services Currently the van services Somerville, Cambridge, Medford and Boston. Anticipate providing airport service during airport closures.

Experience of the applicant Have operated a Hotel Shuttle van for more than 10 years

Financial background of the applicant The Hotel is in good standing with the City of Somerville.

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 Paul J. Moran Name and Title SR LBI

POLICE DEPT. (for new applicants):

The Chief of Police recommends that the application be

- ☒ Approved
☐ Denied

Signature [Signature] Name and Title Chief

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: Jim Harvey Date: 2/7/11
Print Name: Jim Harvey Phone: 617-616-1921



CERTIFICATE OF REGISTRATION

Please keep this document in your vehicle at all times



PLATE TYPE LVN	REGISTRATION NUMBER LV56438	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 12/17/10	EXPIRES LAST DAY OF → 08	YEAR 12	TRANSACTION NUMBER 01035142180113
MFERS MODEL YEAR 2010	MAKE FORD	MODEL ECOVAN	BODY STYLE/TYPE VAN	COLOR WHITE	Not valid without official signature of Registrar	
VEHICLE IDENTIFICATION NUMBER 1FTNS2EW2ADA99018		INSURANCE COMPANY TRAVELERS IND CO		TITLE NUMBER	REGISTRAR <i>Rachel Kaprielian</i>	IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 11
RESIDENTIAL ADDRESS (IF DIFFERENT)						
NAME(S) OF OWNER(S) AND MAILING ADDRESS SECURITY LEASING SERVICES INC 8341 NW MACE RD SUITE 200 KANSAS CITY, MO 63152					FEES REGISTRATION 115.50 TITLE 75.00 SPECIAL PLATES 0.00 SALES TAX 2331.31 TOTAL 2521.81	
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

<p>If this vehicle is newly acquired, it <u>must</u> be inspected within seven (7) days of registration.</p> <p>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.</p> <p>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).</p>	<p>Return the registration plates to the RMV immediately if:</p> <ul style="list-style-type: none"> - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle. Keep a copy of the <i>Bill of Sale</i>, <i>Title</i>, and completed <i>Reassignment of Title</i> 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.
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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** of the following must be met:

1. You are at least 18 years of age and you own the motor vehicle or trailer identified on this *Registration 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** of the above are met, you may operate the newly acquired vehicle with the transferred plates **up to 5:00 pm of the 7th calendar day** following the date of transfer (or loss of possession). The day of transfer or loss is day #1. During those 7 days, you **must** carry the *Bill of Sale* (or the dealer's *Purchase Contract*) for the newly acquired vehicle **and this Registration 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 liability 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

Massachusetts
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
282

COMPANY
The Travelers Companies



COMMERCIAL



PERSONAL

POLICY NUMBER
630-9698N883-10

EFFECTIVE DATE
11/16/10

EXPIRATION DATE
04/28/11

YEAR MAKE/MODEL
2010 Ford E250 Van

VEHICLE IDENTIFICATION NUMBER
1FTNS2EW2ADA99018

AGENCY/COMPANY ISSUING CARD
Michael A. Auricchio, Inc.
Michael A. Auricchio
3800 Seneca Street
West Seneca, NY 14224-3478

716-675-3800
INSURED

DDH Hotel Somerville LLC
30 Washington Street
Somerville, MA 02143

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MM

DATE (MM/DD/YYYY)

01/19/11

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Michael A. Auricchio, Inc. 3800 Seneca Street West Seneca, NY 14224-3478		716-675-3800 716-675-1522	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: DDHHO-1	FAX (A/C, No):
INSURED DDH Hotel Natick/Speen LLC DDH Hotel Natick/Worcester LLC DDH Hotel Somerville LLC DD Hotels I LLC 617 Dingens Street Buffalo, NY 14206			INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity INSURER B: National Union Fire Ins Co PA INSURER C: Liberty Mutual Insurance INSURER D: Philadelphia Insurance Company INSURER E: INSURER F:	

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	630-9698N883	04/28/10	04/28/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> LIQUOR LIABILITY					PERSONAL & ADV INJURY \$ 1,000,000
	No Ded or SIR		AGGREGATE APPLIES PER LOCATION			GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY	X	BA 1513R171	04/28/10	04/28/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS		Comp Ded \$ 1,000			
	NON-OWNED AUTOS		Coll Ded \$ 1,000			
B	UMBRELLA LIAB	X	22117808	04/28/10	04/28/11	EACH OCCURRENCE \$ 25,000,000
	EXCESS LIAB					AGGREGATE \$ 25,000,000
	<input type="checkbox"/> CLAIMS-MADE					\$
	DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000					FOLLOW \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WCC-Z11-260341-010	04/28/10	04/28/11	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E L EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EMPLOYEE \$ 500,000
						E L DISEASE - POLICY LIMIT \$ 500,000
D	EPL		PHSD522927	05/20/10	05/20/11	Per Occur 1,000,000
						Aggregate 1,000,000

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

CERTIFICATE HOLDER Massport Attn: Risk Management Dept. One Harborside Dr., Suite 200S East Boston, MA 02128-2909	CANCELLATION 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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**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.

DDH Hotel Somerville LLC

*Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if a corporation)

27-2167407

**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: DDH Hotel Somerville LLC

Address of taxpayer/applicant's business in Somerville: 30 Washington St

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-628-1000 evening: 617-628-1000

I, (print name) David Shamoian 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 4 day of February, 2011. [Signature]
(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: _____

#14497136 #661022001 #09830011 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
Uzarrow
2-2-11

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: DDH Hotel Somerville LLC DBA - Holiday Inn Somerville
Address: 30 Washington St
City: Somerville State: MA Zip: 02143 Phone #: 617-628-1000

- ☒ I am an employer with 75 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Manufacturing
☐ Health Care
☒ Other Hotel

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Insurance Co.
Address: 13 Riverside Rd
City: Weston State: MA Zip: 02493 Phone #: 617-357-9500
Policy #: WCC-Z11-260341-010 Expiration Date: 4/28/2011

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: Jim Harvey Date: 2/7/2011
Print Name: Jim Harvey

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____