

APPLICATION FOR A BUS ROUTE PERMIT

Application Fee \$500.00

Date 12/1/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 12-23-10
Amount Paid CR 11599

CITY CLERK'S OFFICE
SHERVILLE, MA
2010 DEC 23 P 2:04

\$500 -

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: Joseph's Transportation, Inc Phone: 781-396-2500

Business DBA Name (if applicable):

Address with Zip Code: 44 James St. Medford, MA 02155

Tax Identification Number: 04-3383510 Check one: SSN FEIN

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

Address with Zip Code:

Property Owner Name: J+C Realty Trust Phone: 781-396-2500

Address with Zip Code: 44 James St. Medford, MA 02155

Emergency Contact 1: Joe Albano III Phone: 781-396-2500

Emergency Contact 2: Joe Albano IV Phone: 781-396-2500

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: Joseph Albano

Address with Zip Code: 51 MARLOW ST. Medford, MA 02155

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

Address with Zip Code:

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

Address with Zip Code:

Maximum number of vehicles to be operated in Somerville at any one time 2

Garaging location of vehicles (attach proof of access, if the location is not owned by the applicant) 44 James St. Medford, MA 02155

Description of vehicles (attach a roster showing make, model, year of manufacture, mileage, capacity, and handicapped accessibility) Attached

Description of the services to be offered and customers to be served Student shuttle
for Tufts University

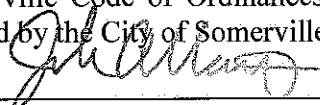
Description of the route (attach a map showing the route) Attached

Description of the hours of operation (attach a printed schedule) Attached

Attach a certificate of insurance, showing coverage on the vehicles. Coverage shall include at a minimum \$500,000 combined single limit against liability for injuries or death, and shall name the city as a certificate holder and require ten days notice of termination to the city.

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:  Date: 12/1/10
Print Name: Joseph Albano III President Phone: 781-396-2500

FOR NEW APPLICANTS OR APPLICANTS CHANGING THE ROUTE, VEHICLES, OR SCHEDULE:

TRAFFIC AND PARKING DEPARTMENT RECOMMENDATION:

The Traffic and Parking Department recommends that the application be:

Approved Denied

Signature _____ Date _____

Print name _____ Title _____

DEPARTMENT OF PUBLIC WORKS RECOMMENDATION:

The Department of Public Works recommends that the application be:

Approved Denied

Signature _____ Date _____

Print name _____ Title _____

OFFICE OF STRATEGIC PLANNING AND COMMUNITY DEVELOPMENT RECOMMENDATION:

The Office of Strategic Planning and Community Development recommends that the application be:

Approved Denied

Signature _____ Date _____

Print name _____ Title _____

Joseph's Transportation, Inc.
44 James Street
Medford, Ma 02155

Vehicles for the city of Somerville

Bus 263 2006 Ford Cut Van 8350 white Handicap accessible 16-20 Passenger	125456 miles
Bus 264 2006 Ford Cut Van 8350 white Handicap accessible 16-20 Passenger	143171 miles
Bus 294 2000 Thomas white Handicap accessible 28-30	103259 miles
Bus 320 2009 Chevrolet Cut Van C5500 white 32 passenger	14692 miles

Tufts Campus Center – Professors Row right on College Avenue to Davis Square, Right on Holland Street right on Broadway around the rotary up College Avenue to Talbot Avenue to Professors Row right through parking lot right on Packard Avenue, left on Professors Row then back to Campus Center.

Tufts Campus Center – Professors Row to College Avenue to Broadway to Medford Street to McGrath Highway

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Day Schedule (Monday - Friday)

Medford Campus Shuttle Services will suspend operations for the summer at the conclusion of the spring semester. Medford Campus Shuttle Services will not resume until the beginning of the fall semester. Please visit the MBTA links below for information about public transportation to/from the Medford/Somerville campus.

All times are subject to weather and traffic conditions.

Campus Center	Davis Square	T.A.B.	Olin Center
7:10 AM	7:15 AM	7:20 AM	7:30 AM
7:40 AM	7:45 AM	7:50 AM	8:00 AM
8:10 AM	8:15 AM	8:20 AM	8:30 AM
8:40 AM	8:45 AM	8:50 AM	8:55 AM
9:00 AM	9:05 AM	9:10 AM	9:15 AM
9:20 AM	9:25 AM	9:30 AM	9:35 AM
9:40 AM	9:45 AM	9:50 AM	9:55 AM
10:00 AM	10:05 AM	10:10 AM	10:15 AM
10:20 AM	10:25 AM	10:30 AM	10:35 AM
10:40 AM	10:45 AM	10:50 AM	10:55 AM
11:00 AM	11:05 AM	11:10 AM	11:15 AM
11:20 AM	11:25 AM	11:30 AM	11:35 AM
11:40 AM	11:45 AM	11:50 AM	11:55 AM
12:00 PM	12:05 PM	12:10 PM	12:15 PM
12:20 PM	12:25 PM	12:30 PM	12:35 PM
12:40 PM	12:45 PM	12:50 PM	12:55 PM
1:00 PM	1:05 PM	1:10 PM	1:15 PM
1:20 PM	1:25 PM	1:30 PM	1:35 PM
1:40 PM	1:45 PM	1:50 PM	1:55 PM
2:00 PM	2:05 PM	2:10 PM	2:15 PM
2:20 PM	2:25 PM	2:30 PM	2:35 PM
2:40 PM	2:45 PM	2:50 PM	2:55 PM
3:00 PM	3:05 PM	3:10 PM	3:15 PM
3:20 PM	3:25 PM	3:30 PM	3:35 PM
3:40 PM	3:45 PM	3:50 PM	3:55 PM
4:00 PM	4:05 PM	4:10 PM	4:20 PM
4:30 PM	4:35 PM	4:40 PM	4:50 PM
5:00 PM	5:05 PM	5:10 PM	5:20 PM
5:30 PM	5:35 PM	5:40 PM	5:50 PM



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Night Schedule (Monday - Wednesday)

Medford Campus Shuttle Services resume for the fall semester on Tuesday, September 8th 2009. Please visit the MBTA links below for information about public transportation to/from the Medford/Somerville campus.

All times are subject to weather and traffic conditions.

Campus Center	Davis Square	Olin Center
6:00 PM	6:10 PM	6:20 PM
6:30 PM	6:40 PM	6:50 PM
7:00 PM	7:10 PM	7:20 PM
7:30 PM	7:40 PM	7:50 PM
8:00 PM	8:10 PM	8:20 PM
8:30 PM	8:40 PM	8:50 PM
9:00 PM	9:10 PM	9:20 PM
9:30 PM	9:40 PM	9:50 PM
10:00 PM	10:10 PM	10:20 PM
10:30 PM	10:40 PM	10:50 PM
11:00 PM	11:10 PM	11:20 PM
11:30 PM	11:40 PM	11:50 PM
12:00 AM	12:05 AM	12:20 AM

Note: The shuttle will stop at Wren Hall.



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Night Schedule (Thursday, Friday)

Medford Campus Shuttle Services will resume for the fall semester on Tuesday, September 8th 2009. Please visit the MBTA links below for information about public transportation to/from the Medford/Somerville campus.




All times are subject to weather and traffic conditions.

Campus Center	Davis Square	Olin Center
6:00 PM	6:10 PM	6:20 PM
6:30 PM	6:40 PM	6:50 PM
6:45 PM	6:55 PM	7:05 PM
7:00 PM	7:10 PM	7:20 PM
7:15 PM	7:25 PM	7:35 PM
7:30 PM	7:40 PM	7:50 PM
7:45 PM	7:55 PM	8:05 PM
8:00 PM	8:10 PM	8:20 PM
8:15 PM	8:25 PM	8:35 PM
8:30 PM	8:40 PM	8:50 PM
8:45 PM	8:55 PM	9:05 PM
9:00 PM	9:10 PM	9:20 PM
9:15 PM	9:25 PM	9:35 PM
9:30 PM	9:40 PM	9:50 PM
9:45 PM	9:55 PM	10:05 PM
10:00 PM	10:10 PM	10:20 PM
10:15 PM	10:25 PM	10:35 PM
10:30 PM	10:40 PM	10:50 PM
10:45 PM	10:55 PM	11:05 PM
11:00 PM	11:10 PM	11:20 PM
11:15 PM	11:25 PM	11:35 PM
11:30 PM	11:40 PM	11:50 PM
12:00 AM	12:10 AM	12:20 AM
12:30 AM	12:40 AM	12:50 AM
1:00 AM	1:10 AM	1:20 AM
1:30 AM	1:35 AM	1:50 AM

Note: The shuttle will stop at Wren Hall.



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Saturday Schedule

Medford Campus Shuttle Services will resume for the fall semester on Tuesday, September 8th 2009. Please visit the MBTA links below for information about public transportation to/from the Medford/Somerville campus.

All times are subject to weather and traffic conditions.

Campus Center	Davis Square	Olin Center
10:00 AM	10:10 AM	10:20 AM
10:30 AM	10:40 AM	10:50 AM
11:00 AM	11:10 AM	11:20 AM
11:30 AM	11:40 AM	11:50 AM
12:00 PM	12:10 PM	12:20 PM
12:30 PM	12:40 PM	12:50 PM
1:00 PM	1:10 PM	1:20 PM
1:30 PM	1:40 PM	1:50 PM
2:00 PM	2:10 PM	2:20 PM
2:30 PM	2:40 PM	2:50 PM
3:00 PM	3:10 PM	3:20 PM
3:30 PM	3:40 PM	3:50 PM
4:00 PM	4:10 PM	4:20 PM
4:30 PM	4:40 PM	4:50 PM
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5:30 PM	5:40 PM	5:50 PM
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7:00 PM	7:10 PM	7:20 PM
7:15 PM	7:25 PM	7:35 PM
7:30 PM	7:40 PM	7:50 PM
7:45 PM	7:55 PM	8:05 PM
8:00 PM	8:10 PM	8:20 PM
8:15 PM	8:25 PM	8:35 PM
8:30 PM	8:40 PM	8:50 PM
8:45 PM	8:55 PM	9:05 PM
9:00 PM	9:10 PM	9:20 PM
9:15 PM	9:25 PM	9:35 PM
9:30 PM	9:40 PM	9:50 PM
9:45 PM	9:55 PM	10:05 PM
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10:15 PM	10:25 PM	10:35 PM
10:30 PM	10:40 PM	10:50 PM
10:45 PM	10:55 PM	11:05 PM
11:00 PM	11:10 PM	11:20 PM
11:15 PM	11:25 PM	11:35 PM
11:30 PM	11:40 PM	11:50 PM
12:00 AM	12:10 AM	12:20 AM
12:30 AM	12:40 AM	12:50 AM
1:00 AM	1:10 AM	1:20 AM
1:30 AM	1:35 AM	1:50 AM

Note: The shuttle will stop at Wren Hall.



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Sunday Schedule

Medford Campus Shuttle Services will resume for the fall semester on Tuesday, September 8th 2009. Please visit the MBTA links below for information about public transportation to/from the Medford/Somerville campus.

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Campus Center	Davis Square	Olin Center
10:00 AM	10:10 AM	10:20 AM
10:30 AM	10:40 AM	10:50 AM
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12:30 PM	12:40 PM	12:50 PM
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9:30 PM	9:40 PM	9:50 PM
10:00 PM	10:10 PM	10:20 PM
10:30 PM	10:40 PM	10:50 PM
11:00 PM	11:10 PM	11:20 PM
11:30 PM	11:40 PM	11:50 PM
12:00 AM	12:05 AM	12:20 AM

Note: The shuttle will stop at Wren Hall.

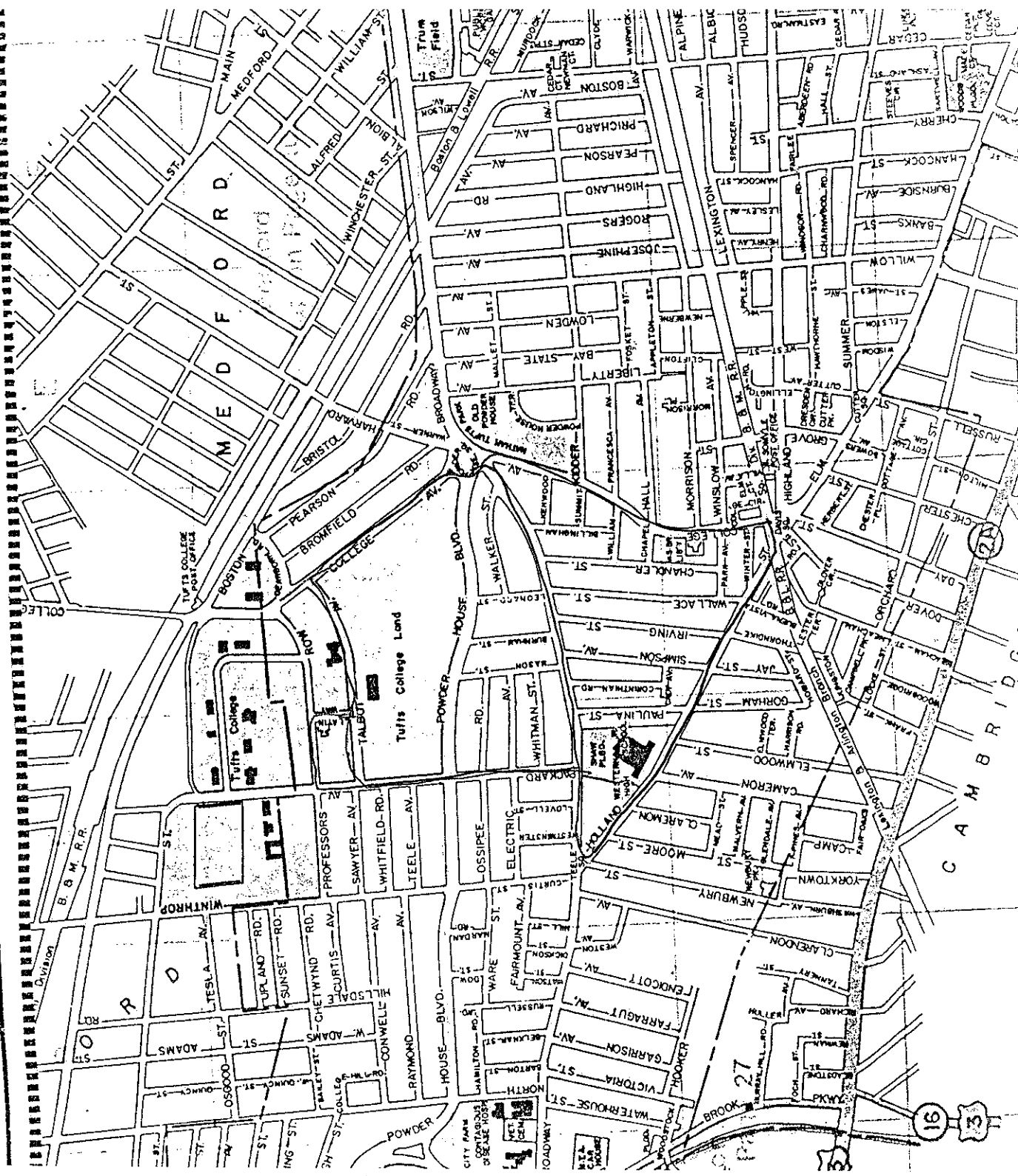



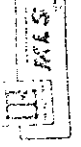
Village Square
Davis Square
Midway
Midway

40 Mall Road
Burlington High School
(connects all offices)
* ATM banking locations

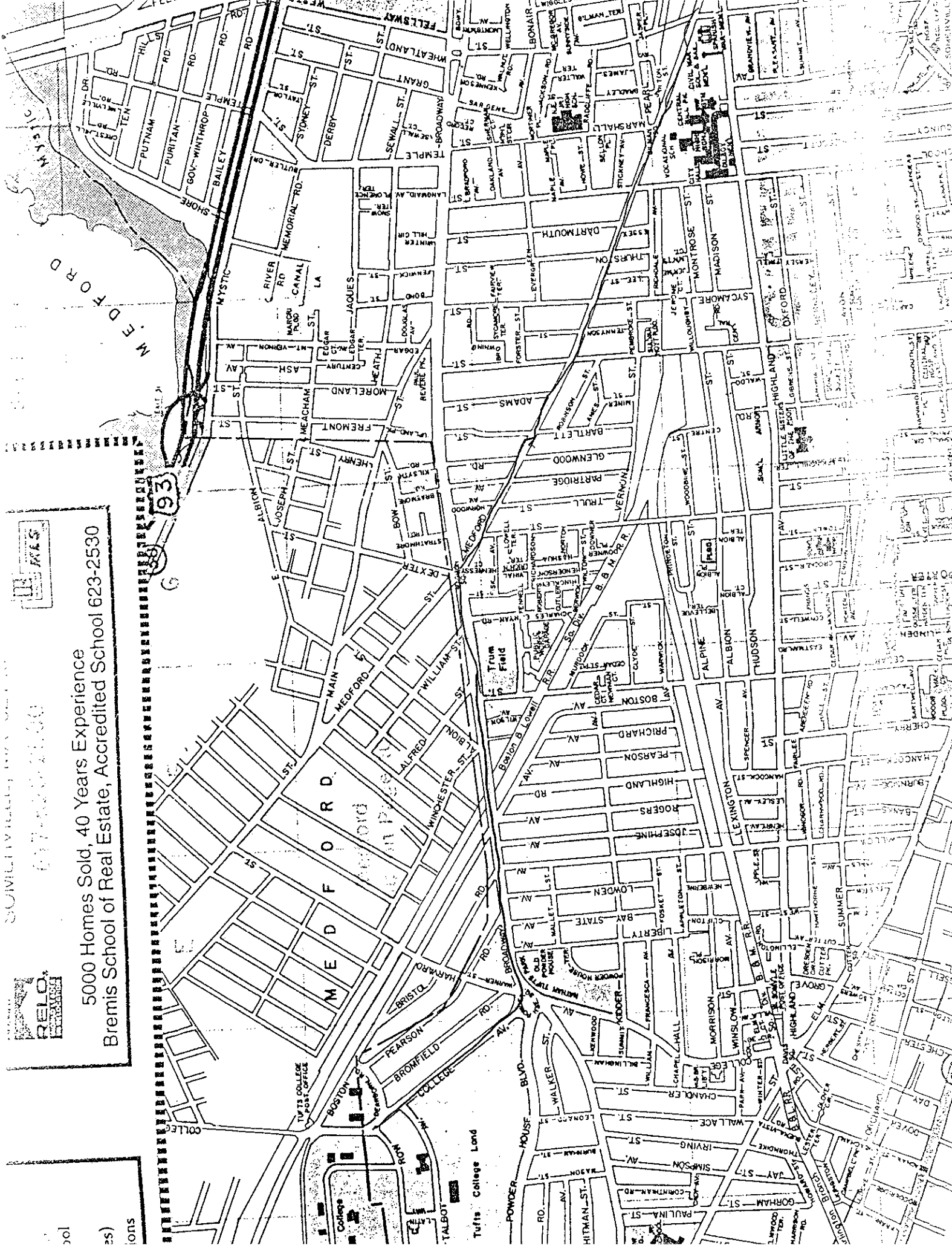
5000 Homes Sold, 40 Years Experience
Bremis School of Real Estate, Accredited Sch

DIC/DIF



 5000 Homes Sold, 40 Years Experience
 Bremis School of Real Estate, Accredited School 623-2530





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2010

PRODUCER (617) 773-9200 FAX: (617) 773-9920
 Albert J. Tonry & Co., Inc.
 300 Congress Street
 Quincy MA 02169
 INSURED
 Joseph's Transportation, Inc.
 Joseph's Limousine Service, Inc.
 44 James Street
 Medford MA 02155-4628

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Commerce Insurance	34754
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 ADD'L LTR	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 GENL 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 \$
A		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	BBR CNL	1/26/2010	1/26/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC 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				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER PHYSICAL DAMAGE	BBR CNL	1/26/2010	1/26/2011	Deductibles per Schedule

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

CERTIFICATE HOLDER

CANCELLATION

City of Somerville
 City Clerk
 93 Highland Avenue
 Somerville, MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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
 L Tonry Jr. /JTREFR *John A. Tonry Jr.*

**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.

Joseph's Transportation, Inc.

*Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature]

By: Corporate Officer (Mandatory, if a corporation)

04-3383510

**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.

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: Joseph's Transportation, Inc.
Address: 44 James St.
City: Medford State: MA Zip: 02155 Phone #: 781-396-2500

- I am an employer with _____ 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
 Entertainment
 Manufacturing
 Health Care
 Other Transportation

Workers' compensation insurance information (if applicable):

Insurance Company Name: Stam Workers' Compensation Self-Insurance Group
Address: P.O. Box 3600
City: W. Springfield State: MA Zip: 01090 Phone #: 800-581-4667
Policy #: WC-10-0000992 Expiration Date: 1/1/11

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: [Signature] Date: 12/1/10

Print Name: Joseph Albano III President

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 _____