

APPLICATION FOR A LIVERY LICENSE

2010 JUL 29 P 3 05

Application Fee \$100.00 per vehicle

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	CITY CLERK'S OFFICE
Amount Paid \$100.00	SOMERVILLE, MA

Date 4/23/10

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

For livery vehicles

Business Name: Diamond J LIVERY & Limo Trans Phone: 617-892-0302

Business DBA Name (if applicable): Diamond J LIVERY & Limo Transp

Address with Zip Code: 132 Summer st, Somerville MA 02142

Tax Identification Number: _____ Check one: SSN FEIN

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

Address with Zip Code: _____

Property Owner Name: Anne Joseph Phone: 617-892-0302

Address with Zip Code: 132 Summer st, MA 02143

Emergency Contact 1: Mercedes Joseph Phone: 617-872-6972

Emergency Contact 2: Suzette Joseph Phone: 617-913-5552

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

IF A SOLE PROPRIETOR:

Owner's Name: Anne Joseph

Address with Zip Code: 132 Summer st Somerville, MA 02143

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: _____

For New Applicants or Renewing Applicants making Additions or Changes:

Maximum number of vehicles to be operated one

Garaging location of vehicles _____

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 NIGHTS out on city weddings General Public

Public need for these services Public need for this service is very high

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

Experience of the applicant worked as tax driver before

Financial background of the applicant Good financial background

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 Chief Joseph S. Cabral Name and Title Cabral, Michael S.
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: Rimé Joseph Date: 4/23/09
Print Name: Rimé Joseph Phone: 617-892-0302

**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.

Aime Mercedes Joseph

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

591-07-1542

**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.

07/27/58

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Aime & Mercedes Joseph

Address of taxpayer/applicant's business in Somerville: 132 Summer St

Address of taxpayer/applicant's home in Somerville: 132 Summer St

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 23 day of April, 20 , Aime 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: UR

ORIGINAL STAMP:

received
Barrow
7-29-10

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: Alme Joseph
Address: 132 Summer St
City: Somerville State: MA Zip: 02143 Phone #: 617-892-0302

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Alme Joseph Date: 4/23/10
Print Name: Alme Joseph

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

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

RMV**CERTIFICATE OF REGISTRATION****ECT**

Please keep this document in your vehicle at all times

PLATE TYPE LVN	REGISTRATION NUMBER LV49902	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 03/01/09	EXPIRES LAST DAY OF 02	MONTH 11	YEAR 02	TRANSACTION NUMBER 93003973400000
MFRS MODEL YEAR 1999	MAKE LINC	MODEL TOWCAR	BODY STYLE/TYPE SEDAN	COLOR BLACK	Not valid without official signature of Registrar		IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED 5
VEHICLE IDENTIFICATION NUMBER 1LNHM81W9XY692954		INSURANCE COMPANY PILGRIM INSURANCE		TITLE NUMBER BE335663		REGISTRAR Rachel Kaprielian	
RESIDENTIAL ADDRESS (IF DIFFERENT)							
NAMES(S) OF OWNER(S) AND MAILING ADDRESS JOSEPH, AIME APT#2 132 SUMMER ST SOMERVILLE, MA 02143-2710						FEES REGISTRATION 0.00 TITLE 0.00 SPECIAL PLATES 0.00 SALES TAX 0.00 TOTAL 0.00	
THE COMMONWEALTH OF MASSACHUSETTS REGISTRY OF MOTOR VEHICLES <small>The records of the RMV database constitute the official status of the vehicle registration.</small>							

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
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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** 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