



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

2015 APR 28 P 5:38

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW LIVERY VEHICLE LICENSE**

**AIME JOSEPH  
DIAMOND J LIVERY & LIMO TRANSPORTATION  
132 SUMMER ST  
SOMERVILLE, MA 02143**

License #: 41

Fee: 150.00

Account ID: 47

Reference #: 41

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: <b>DIAMOND J LIVERY &amp; LIMO TRANSPORTATION</b>	<i>Diamond J and M Transportation</i>
Business Location: <b>132 SUMMER ST</b>	
Business Phone: <b>617-892-0302</b>	
License Holder: <b>AIME JOSEPH DIAMOND J LIVERY &amp; LIMO TRANSPORTATION 132 SUMMER ST SOMERVILLE, MA 02143 617-892-0302</b>	<i>Diamond J and M Transportation</i>
Mailing Address: <b>AIME JOSEPH DIAMOND J LIVERY &amp; LIMO TRANSPORTATION 132 SUMMER ST SOMERVILLE, MA 02143</b>	
Business Type: <b>SOLE PROPRIETORSHIP OWNER - AIME JOSEPH</b>	
FID: <b>800178723</b>	
Food Manager/Emergency Contact: <b>MERCEDES JOSEPH 617-981-1981</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **NOT APPLICABLE**

**1 VEHICLES**

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Aime Joseph*

Date: *4/28/15*

Print Name: *Aime Joseph*

Phone: *617-892-0302*



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**Application to Renew Livery License**

**AIME JOSEPH**  
**132 SUMMER ST**  
**SOMERVILLE MA 02143**

**License #:** BL15-000041  
**File #:** 15-47  
**Fee:** 150

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> AIME JOSEPH <b>Business Location:</b> 132 SUMMER ST <b>Business Phone:</b> 617-892-0302	
<b>License Holder:</b> AIME JOSEPH 132 SUMMER ST SOMERVILLE MA 02143	
<b>Mailing Address:</b> AIME JOSEPH 132 SUMMER ST SOMERVILLE MA 02143	
<b>Business Type:</b> Sole Proprietor AIME JOSEPH	
<b>FID:</b> 800178723	
<b>Emergency Contact:</b> MERCEDES JOSEPH <b>Phone:</b> 617-981-1981	
<b>Maximum # of Vehicles to be Operated:</b> 1	

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

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

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: Aime & Mercedes Joseph
2. Address of taxpayer/applicant's business in Somerville: 132 Summer Street
3. Address of taxpayer/applicant's home in Somerville: 132 Summer Street
4. Taxpayer/applicant's phone: day: 617-698-0105 evening: \_\_\_\_\_

I, \_\_\_\_\_, 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 \_\_\_\_\_ day of

APRIL 2015, 2007 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: \_\_\_\_\_

# 14401 # 231053001 # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED  
URBANA  
4-28-15



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

**Workers' Compensation Insurance Affidavit - General Business**

**Applicant information:**

Name: Prince Joseph  
Address: 132 Summer st  
City: Somerville State: Mass Zip: 02143 Phone #: 617-892-0302

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

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Arbella FNS  
Address: P.O. Box 55392  
City: Boston State: Mass Zip: 02205 Phone #: 617-484-5216  
Policy #: 1020013170 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: Prince Joseph Date: 4/28/15  
Print Name: Prince Joseph

**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 \_\_\_\_\_



# CERTIFICATE OF REGISTRATION

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

## RMV Division

PLATE TYPE LVN	REGISTRATION NUMBER LV49902	REGISTRATION TYPE LIVERY	EFFECTIVE DATE 03/01/15	EXPIRES LAST DAY OF 02 17	TRANSACTION NUMBER 92503500015073
MFRS MODEL YEAR 1999	MAKE LINC	MODEL TOWCAR	BODY STYLE/TYPE SEDAN	COLOR BLACK	Not valid without official signature of Registrar
VEHICLE IDENTIFICATION NUMBER 1LNHM81W9XY692954		INSURANCE COMPANY ARBELLA PROTECTION		TITLE NUMBER BE335663	REGISTRAR <i>Celia J. Blue</i>
RESIDENTIAL ADDRESS (IF DIFFERENT)					IF VEHICLE CARRYING PASSENGERS FOR HIRE: MAXIMUM NUMBER OF PASSENGERS THAT CAN BE SEATED. 2
NAME(S) OF OWNER(S) AND MAILING ADDRESS  *****AUTO**3-DIGIT 021 JOSEPH, AIME 132 SUMMER ST APT 2 SOMERVILLE MA 02143-2710					FEES REGISTRATION 90.00 TITLE 0.00 SPECIAL PLATES 0.00 SALES TAX 0.00 TOTAL 90.00
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION REGISTRY OF MOTOR VEHICLES DIVISION 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

- Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and for the trailer, if any, and his/her license to operate, upon his/her person or in the vehicle, in some easily accessible place.
- 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.massrmv.com](http://www.massrmv.com) 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.

- 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 (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. **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 Certificate**. 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 Certificate** when operating the vehicle. See **FAQs About the Seven-Day Registration Transfer Law** on the RMV's website at [www.massrmv.com](http://www.massrmv.com).

**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 Certificate**, 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. Bonds are filed with the State Treasurer's Office.

### BE FIRST IN LINE BY GOING ONLINE AT [WWW.MASSRMV.COM](http://WWW.MASSRMV.COM)

Schedule a Road Test  
Renew Your Driver's License  
Renew Your Registration  
Pay Citations/Court Hearing Fee  
Replace Your Driver's License

Request a Duplicate Title  
Request a Duplicate Registration  
Change Your Address  
Cancel My Plate/Registration  
Order a Special Plate

#### NEED TO VISIT AN RMV OFFICE?

**SAVE TIME**  
**Complete Your**  
**Application Online!**

**VISIT OUR WEBSITE FOR A FULL LIST OF AVAILABLE TRANSACTIONS**