

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Livery
License Number: #191868
Business Name: Diamond J Livery & Limo Transportation
Location: 132 Summer St
Vehicle(s): 1
Special Conditions (if any):

Renewal Fee (Return with this application): \$100

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 APR 30 A 10:53
CITY CLERK'S OFFICE
SOMERVILLE, MA

The DBA Name of the Business: Diamond J Livery & Limo Transportation
Somerville Address and Zip Code: 132 Summer St, Somerville, MA 02143
Phone Number of the Business: 617-892-0302

The Legal Name of the License Holder: Rime Joseph
Street Address of the License Holder: Same
City, State and Zip Code of the License Holder: _____
Phone Number of the License Holder: Same
Email Address of the License Holder: DiamondJLIVERY@yahoo.com

Where We Should Send Mail: Name: Diamond J LIVERY & Limo Transportation
Street Address: 132 Summer St Apt 2
City, State and Zip Code: Somerville, MA 02143
Email: DiamondJLIVERY@yahoo.com
Phone Number: 617-892-0302

Federal ID # (Do Not Give a Social Security #): 80-0178723

Emergency Contact and Phone (For Fire Dept. Use): Mercedes Joseph. 617-872-1605

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

☒ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☐ Corporation (inc. LLC): Name of President: _____

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Prince Joseph

Date

4/19/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

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, Somerville

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

Taxpayer/applicant's phone: day: 617-892-0302 evening: Same

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 17 day of

April, 20 12 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: _____

123 2009 # 23105300 # _____
1458

NOTES:

CLERK'S INITIALS: d

ORIGINAL STAMP:



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: Aime Joseph
Address: 132 Summer St Apt 2
City: Somerville State: Mass Zip: 02143 Phone #: 617-892-0302

- ☐ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Arbella Insurance
Address: P. box 371343
City: PittsBURGH State: PA Zip: 15250 Phone #: 617-484-5216
Policy #: 54729400004 Expiration Date: 01/28/2013

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: Aime Joseph Date: 4/17/12
Print Name: Aime 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 _____