

## **2015 RENEWALS:**

### **ARLEX YELLOW CAB-DAVID LUCKER: 4 LICENSES**

471 RUSSELL ST., WOBURN, MA 01801

### **ARLINGTON VETERAN'S TAXI-THOMAS WHELAN: 2 LICENSE**

78 WINDSOR ST. ARLINGTON, MA 02474

### **ARLMONT TRANSPORTATION CO.-LOUIS TRUSCELLO: 13 LICENSES**

61R WHITE ST., BELMONT, MA 02479

### **BOSTON AIRPORT EXPRESS-SHAFAN KUMAR NATH: 1 LICENSE**

402 RINDGE AVE., APT. 12H, CAMBRIDGE, MA 02140

### **BOSTON RIDE-ABDULLAHI MAGAN: 6 LICENSES**

18 HOLTEN ST., WEST MEDFORD, MA

### **LEO'S TAXI SERVICE-LEO MCHUGH: 1 LICENSE**

10 JACKSON ROAD, MEDFORD, MA 02155

### **LIMOLEX-DANIEL KALANTAR: 4 LICENSES**

20 SYCAMORE AVE., MEDFORD, MA 02155

### **VTs-MICHAEL ANTONELLIS: 2 LICENSES**

224 CALVARY ST., WALTHAM, MA 02453

### **YELLOW CAB ARLEX-RON BONNEY: 6 LICENSES**

640 BOSTON AVE., MEDFORD, MA 02144-1305

### **PLEASE NOTE:**

- **APPROVAL SHOULD BE "SUBJECT TO CONDITIONS SET FORTH..."**
- **NO LICENSES WILL BE PHYSICALLY HANDED OUT UNTIL INSPECTIONS ARE COMPLETE BY JOE CARABELLO, REGISTRATIONS AND INSURANCE CERTIFICATES ARE VALID AND MATCHED.**
- **MAXIMUM TOTAL NUMBER OF CAB LICENSES AVAILABLE IN TOWN IS 42 AND 39 WERE RENEWED.**

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

The License applied for, if Granted, cannot be Sold, Transferred or  
Surrendered without the authority of the Board of Selectmen.

2015

RENEWAL APPLICATION

Taxi Business Operator's Permit Application

Fee: \$50.00 per unit

PRINT NAME: DAVE'S AUTOMOTIVE INC \ DAVID M LUCKER

PRINT D/B/A: DAVE'S AUTOMOTIVE INC - D/B/A - <sup>yellow</sup> CAB OF ARLINGTON

ADDRESS: 471 RUSSELL ST Woburn Ma 01801

TEL. NUMBER: cell # 617-610-5656 / <sup>Home</sup> # 781-938-9965  
① dave2 @ tmo. blackberry. net

EMAIL: davesautomotiveinc @ hotmail. com

SIGNATURE: David M Lucker <sup>DAVE'S</sup> President OF automotive INC

**TOWN OF ARLINGTON  
BOARD OF SELECTMEN**

Taxi Business Operator's Permit Application

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: DAVE'S AUTOMOTIVE INC D/B/A: ARlex TAXI yellow CAB ASSO.

Address: 471 Russell ST Woburn Ma 01801

Telephone #: (617) 610-5656 Email: dave2@tmo.blackberry.net or davesautomotiveinc@hotmail.com

Federal Identification No. or Social Security No. [REDACTED]

Current MA Driver License No. (attach a copy) [REDACTED]

Number of Vehicles (include identification no.) All are garaged in Arlington (4) see Attached 1-1997 CROWN VIC #70CAB  
FOR VIN #3 + Plates

1-2004 CROWN VIC #72CAB 1-1996-Grand Marquis #74CAB 1-2003 CROWN VIC #73CAB

Location of Proposed Depots and Terminals: MASS AVE across from Capital Theater -  
Arlington Center in front of Starbucks + VFW - Bustermail Arlington HTS

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

N/A

Please list your experience in the transportation of passengers for hire. I Have Been Serving  
The Town of Arlington Since "1993" in The Transportation  
Area

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license. I wish to service The Town of Arlington to the Best  
I am able to I feel Given The Right I could service this  
Town Better Than it is Being serviced Shorter waiting time / Reform  
The Dial a Ride Program for Seniors

What is the color scheme or insignia to be used to designate your vehicle or vehicles?

PRESENTLY - YELLOW WITH A POCKET STYLE WATCH ON DRIVERS DOOR  
AS WELL AS MY COMPANY NAME ON LOWER PANEL OF DRIVERS DOOR PHONE #S ON REAR DOORS  
CQB # ON B-PILLER OF CAB

The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

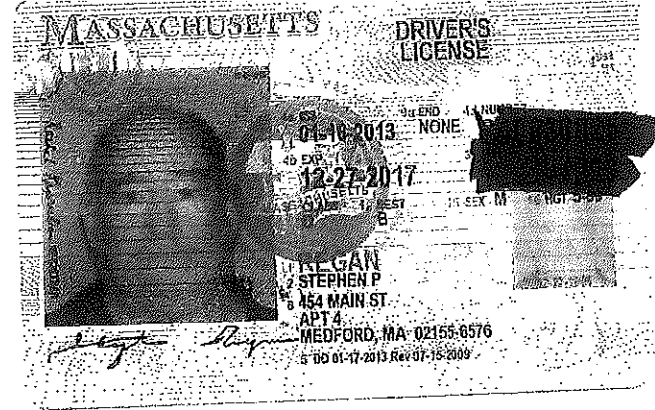
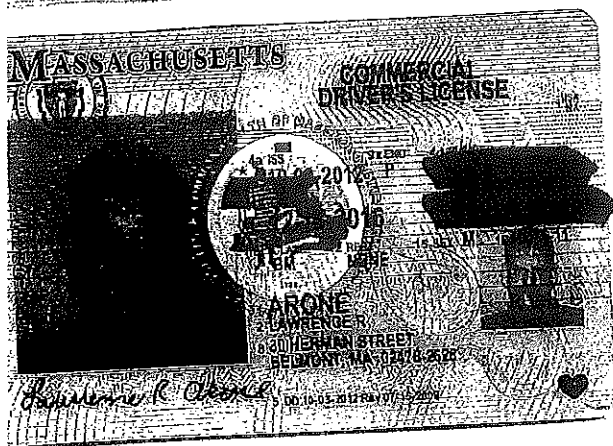
We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.

<i>David M. Lucker</i> Signature	<i>President</i> DAVID M LUCKER Please Print Name
<i>DAVE'S AUTOMOTIVE INC</i>	<i>PRESIDENT - DAVE'S AUTOMOTIVE INC</i>

_____ Signature	_____ Please Print Name
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_____ Signature	_____ Please Print Name
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PHIL GRIFFIS

Barry Singer

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All Vehicles Are garaged IN ARLINGTON MA.

MASSACHUSETTS DRIVER'S LICENSE

08-10-2010 NONE

09-04-2015

SEX: M

VENUTI

JOHN J JR

370 FOREST ACRES DR  
APT D  
BRADFORD, MA 01835-7012

5'10 165-24 20.50 May 17-15-2011

*John Venuti*

MASSACHUSETTS COMMERCIAL DRIVER'S LICENSE

ISS: 11-12-1670

6-02 M

JEWETT

MATTHEW T

14 PEARL STREET  
MEDFORD, MA  
02155-4520

*Matthew Jewett*

TOWN OF ARLINGTON  
BOARD OF SELECTMEN

Taxi Business Operator's Permit Application

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: \_\_\_\_\_ D/B/A: ARLINGTON VETERANS TAXI  
Address: 78 Windsor ARLINGTON MA 02474  
Telephone #: 781-646-0088 Email: KWhelan 0913 @HOTMAIL  
Federal Identification No. or Social Security No. [REDACTED]  
Current MA Driver License No. (attach a copy) [REDACTED]  
Number of Vehicles (include identification no.) 2003 CHRY TOWN/COUNTY LIC # TA 25015 2C46P24393  
2007 FORD CROWN-VIC - LIC TA 28398, - 2FAFP71W77 R248896 130019  
Location of Proposed Depots and Terminals: SAME AS ABOVE

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

NONE

Please list your experience in the transportation of passengers for hire. 20 years owner  
OF VETERANS TAXI

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license.

A need for Public Service

What is the color scheme or insignia to be used to designate your vehicle or vehicles?

Blue + white



The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.

Thomas J. White  
Signature

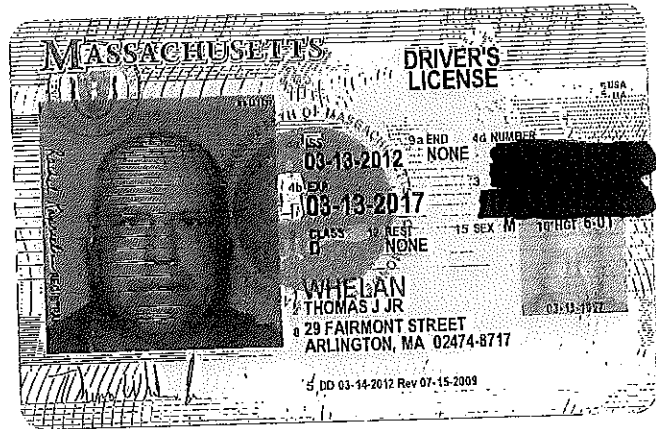
7/1/15  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name



DRIVER Edward Pugliese

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

The License applied for, if Granted, cannot be Sold, Transferred or  
Surrendered without the authority of the Board of Selectmen.

2015

RENEWAL APPLICATION

**Taxi Business Operator's Permit Application**

**Fee: \$50.00 per unit**

PRINT NAME: Louis Truscello

PRINT D/B/A: ARLINGTON TAXI

ADDRESS: BOX 79068, 61 WHITE ST, BELMONT, MA 02479

TEL. NUMBER: 781.643.1300

EMAIL: ARLBELTRANS@AOL.COM

SIGNATURE: 

**TOWN OF ARLINGTON  
BOARD OF SELECTMEN**

Taxi Business Operator's Permit Application

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: ARLINGTON SERVICES INC. D/B/A: ARLINGTON TAXI

Address: 61 WHITE ST., BOX 79068, BELMONT, MA 02479

Telephone #: 781 643 1300 Email: ARLBELTRANS@AOL.COM

Federal Identification No. or Social Security No. [REDACTED]

Current MA Driver License No. (attach a copy) N/A

Number of Vehicles (include identification no.) (13) 13

Location of Proposed Depots and Terminals: N/A

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

N/A

Please list your experience in the transportation of passengers for hire. 46 YEARS

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license.

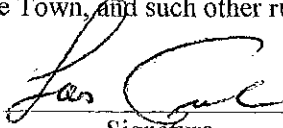
N/A

What is the color scheme or insignia to be used to designate your vehicle or vehicles?

\_\_\_\_\_  
\_\_\_\_\_  
The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
LOUIS TRUSELLO

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Nam

**ARLINGTON SERVICES INC**  
**2015 EQUIPMENT LIST**

UNIT #	PLATE	VIN #	YEAR	MAKE	MODEL
1	TA164C	2FAHP71V39X115018	2009	FORD	CROVIC
5	TA27265	2FAHP71W07X151464	2007	FORD	CROVIC
7	TA175C	2FAHP71W27X151515	2007	FORD	CROVIC
10	TA23424	2FAFP71W36X122143	2006	FORD	CROVIC
15	TA165C	2FAFP71W53X197860	2003	FORD	CROVIC
17	TA167C	2FAFP71WXWX127307	1998	FORD	CROVIC
19	TA170C	2FAHP71W83X176767	2003	FORD	CROVIC
21	TA174C	2FAFP71W34X111852	2004	FORD	CROVIC
23	TA26656	2FAFP71W23X143383	2003	FORD	CROVIC
25	TA171C	2FAFP71W77X134314	2007	FORD	CROVIC
27	TA172C	2FAFP71W85X176925	2005	FORD	CROVIC
29	TA173C	2FAFP71W6WX154908	1998	FORD	CROVIC
60	TA17858	2FAHP71W53X213743	2003	FORD	CROVIC

## DRIVER LIST FOR Town OF Arlington Renewal 2015

Note: attached drivers hold a current hackney License.

Issued by the Arlington Police Dept

### Name

Paul Parizale

Richard Kovacev

Daniel Mason

Cory Pelton

Thomas Pittorino

David McCaffrey

Robert Gatta

Kenneth Roderick

Robert Cannata

Salvatore Parizale

Ari Davidson

Timothy Leary

Anthony Pelton

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**The License applied for, if Granted, cannot be Sold, Transferred or  
Surrendered without the authority of the Board of Selectmen.**

2015

RENEWAL APPLICATION

**Taxi Business Operator's Permit Application**

**Fee: \$50.00 per unit**

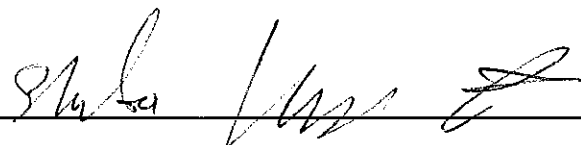
PRINT NAME: SHAFAN KUMAR NATH

PRINT D/B/A: BOSTON AIRPORT EXPRESS

ADDRESS: 402 RINDGE AVE APT 12H CAMBRIDGE MA 02140

TEL. NUMBER: 617-499-7700

EMAIL: SNATH2001@GMAIL.COM

SIGNATURE: 



**TOWN OF ARLINGTON  
BOARD OF SELECTMEN**

Taxi Business Operator's Permit Application

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: BOSTON AIRPORT EXPRESS D/B/A: BOSTON AIRPORT EXPRESS

Address: 402 RINDGE AVE APT 12H, CAMBRIDGE MA 02140

Telephone #: 617-499-7700 Email: SNATH2001@GMAIL.COM

Federal Identification No. or Social Security No. [REDACTED]

Current MA Driver License No.(attach a copy) [REDACTED]

Number of Vehicles (include identification no.) ① 1

5TDYK3DC5DS399977

Location of Proposed Depots and Terminals: 402 RINDGE AVE APT 12H  
CAMBRIDGE MA 02140

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

I DO NOT HAVE ANY UNSATISFIED CIVIL JUDGMENTS  
AGAINST ME OR ANY OF MY EMPLOYEE

Please list your experience in the transportation of passengers for hire.

I HAVE BEEN IN TRANSPORTATION BUSINESS SINCE 1994. I  
DROVE A CAB IN NYC 1994-1999. I STARTED IN MASS SINCE 2005-PRESENT

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license.

ARLINGTON  
PEOPLE IN THE AREA NEED RELIABLE CAB SERVICE AND I  
AM RELIABLE & SAFE

What is the color scheme or insignia to be used to designate your vehicle or vehicles?

COLOR SCHEME IS SILVER TOYOTA SIENNA 2013 WITH  
NAME & LOGO OF BOSTON AIRPORT EXPRESS

The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.

  
Signature

SHAFAN KUMAR NATH  
Please Print Name

Signature

Please Print Name

Signature

Please Print Name

Shafan Nath

Solo Driver

MASSACHUSETTS COMMERCIAL DRIVER'S LICENSE

01-03-2011 02-25-2016

SEX: M HEIGHT: 5'11" WEIGHT: 175 LBS EYES: B HAIR: B SKIN: M

NATH SHAFAN KUMAR  
402 RINDGE AVE  
CAMBRIDGE, MA 02140-2921

5 DD 91-94-2011 REV 07-15-2009

Shafan Nath

1950  
1951  
1952

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**The License applied for, if Granted, cannot be Sold, Transferred or  
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2015

RENEWAL APPLICATION

**Taxi Business Operator's Permit Application**

**Fee: \$50.00 per unit**

PRINT NAME: ABDULLAH MAGANI

PRINT D/B/A: Boston Ride

ADDRESS: 18 HOLTON STREET, WEST MEDFORD

TEL. NUMBER: (617) 869-8019

EMAIL: BostonTaxiSvc@aol.com

SIGNATURE: 

**TOWN OF ARLINGTON  
BOARD OF SELECTMEN**

Taxi Business Operator's Permit Application

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: ABDULLAH<sup>o</sup> MAGAN D/B/A: BOSTON RIDE

Address: 18 HOLTON STREET, WEST MEDFORD, MA-02155

Telephone #: (617) 869-8019 Email: BOSTONTAXISRVCS@AOL.COM

Federal Identification No. or Social Security No. [REDACTED]

Current MA Driver License No. (attach a copy) [REDACTED]

Number of Vehicles (include identification no.) (6) SIX VEHICLES - see registrations

Location of Proposed Depots and Terminals: 18 HOLTON STREET, MEDFORD

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

SELF EMPLOYED WITH \$90K CASH FLOW/ANNUALLY. CURRENTLY OUR BUSINESS HAS SECURITY BOARD TOTALING \$100K INCLUDING BANK DEPOSITS. THERE IS NO FINANCIAL OR CIVIL JUDGMENT LIABILITY <sup>OUTSTANDING</sup> AGAINST COMPANY OR ITS PRINCIPAL OWNER.

Please list your experience in the transportation of passengers for hire. CURRENTLY OPERATING FLEET OF SIX CABS THAT ARE SERVICING TOWN OF ARLINGTON. MORE THAN 3-YEARS OUR COMPANY SHOWS OUTSTANDING CUSTOMER SERVICE

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license.

WE ARE REQUESTING RENEWAL OF OUR PERMITS (6) THAT ARE CURRENTLY IN OPERATION

What is the color scheme or insignia to be used to designate your vehicle or vehicles?

Green & white

The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.

  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Nam

Here are the List of Drivers providing taxi service through Boston Ride

**Town of Arlington Hackney Licensed Drivers**

Ronald Freeman  
Hackney No: **2013-52**

Abdullahi Magan  
Hackney No: **2013-28**

Habib Mohamud  
Hackney No: **2013-29**

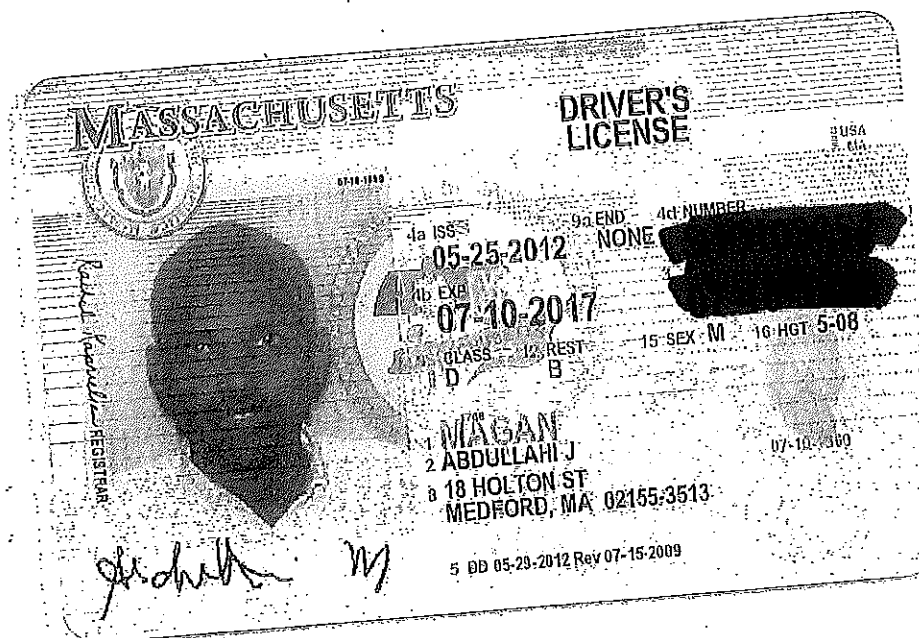
Abdulle  
Hackney No: **2013-41**

Shuabu Zuntu  
Hackney No: **2013-36**

Aynanshe Magan  
Hackney No: **2014-06**

Muse  
Hackney No: **2013-40**

Willie Lee Brown  
Hackney No: **2014-04**





OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

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Surrendered without the authority of the Board of Selectmen.

2015

RENEWAL APPLICATION

Taxi Business Operator's Permit Application

Fee: \$50.00 per unit

PRINT NAME: LEO McHUGH

PRINT D/B/A: LEO'S TAXI SERVICE

ADDRESS: 10 JACKSON RD MEDFORD, MA. 02155

TEL. NUMBER: 781 483 6362

EMAIL: MAY MAY MCHUGH @ VERIZON . NET

SIGNATURE: Leo McHugh

TOWN OF ARLINGTON  
BOARD OF SELECTMEN

Taxi Business Operator's Permit Application

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: LEO MCHUGH D/B/A: LEO'S TAXI SERVICE  
Address: 10 JACKSON RD MEDFORD, MA 02155  
Telephone #: 781 483 6362 Email: MAY MAY MCHUGH@VERIZON.NET  
Federal Identification No. or Social Security No. [REDACTED]  
Current MA Driver License No. (attach a copy) [REDACTED]  
Number of Vehicles (include identification no.) <sup>①</sup> ONE VEHICLE  
VIN# 4M2DU86EX5UT18560  
Location of Proposed Depots and Terminals: MASS AVE ARLINGTON CENTER

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

NONE

Please list your experience in the transportation of passengers for hire. I HAVE BEEN  
OPERATING A TAXI IN ARLINGTON FOR  
35 YEARS

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license. HUNDREDS OF PEOPLE TAKE TAXI CARS IN ARLINGTON  
EVERY DAY OF THE YEAR. IT IS GOOD FOR THE  
ENVIRONMENT AND TAKES MORE CARS OFF THE ROAD

What is the color scheme or insignia to be used to designate your vehicle or vehicles?

YELLOW

The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.

Leo McHugh  
Signature

LEO MCHUGH  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**The License applied for, if Granted, cannot be Sold, Transferred or  
Surrendered without the authority of the Board of Selectmen.**

2015

RENEWAL APPLICATION

**Taxi Business Operator's Permit Application**

**Fee: \$50.00 per unit**

PRINT NAME: LIMOLEX, DANIEL KALANTAR - OWNER

PRINT D/B/A: THE GOOD TAXI

ADDRESS: 20 SYCAMORE AVE, MEDFORD, MA 02155

TEL. NUMBER: 617-855-6500

EMAIL: RESERVATIONS@LIMOLEX.COM

SIGNATURE: D. Kalantar

**TOWN OF ARLINGTON  
BOARD OF SELECTMEN**

Taxi Business Operator's Permit Application

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: LIMOLEX.COM INC. D/B/A: THE GOOD TAXI

Address: 20 SYCAMORE AVE, MEDFORD, MA 02155

Telephone #: 617-855-6500 Email: RESERVATIONS@LIMOLEX.COM

Federal Identification No. or Social Security No. [REDACTED]

Current MA Driver License No.(attach a copy) \_\_\_\_\_

Number of Vehicles (include identification no.) (4) 4 VEHICLES. 1) DODGE CARAVAN 2D4GP44L76R 770851

2) FORD CROWN VIC 2FAFP71W66X122184 3) FORD CV 2FAFP71WX6X133186

4) FORD CV 2FABP7BV9AX124113

Location of Proposed Depots and Terminals: 20 SYCAMORE AVE, MEDFORD, MA 02155

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

NONE (NO JUDGEMENTS OUTSTANDING OR PENDING)

FINANCIAL STATUS: THE COMPANY IS PROFITABLE, ALL VEHICLES WELL-MAINTAINED, CLEAN AND SAFE.

Please list your experience in the transportation of passengers for hire. TAXI DRIVER / CAB COMPANY OPERATOR IN ARLINGTON, MA SINCE JAN. 2009.

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license.

BETWEEN 100-200 INDIVIDUALS USE THE GOOD TAXI EVERY WEEK FOR TRANSPORTATION FROM ARLINGTON TO LOGAN AIRPORT, WITH ANOTHER 70-150 TO OTHER DESTINATIONS. WE OPERATE 7 DAYS A WEEK, 24 HOURS PER DAY.

What is the color scheme or insignia to be used to designate your vehicle or vehicles?

SILVER / GRAY VEHICLES WITH BLACK LETTERING  
STATING COMPANY NAME (THE GOOD TAXI) AND PHONE  
NUMBER 617-855-6500, AS WELL AS TOWN - ARLINGTON.

The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.

*D. Kalantar*

Signature

DANIEL KALANTAR

Please Print Name

Signature

Please Print Name

Signature

Please Print Nam

July 1, 2015

**Limolex.com DBA The Good Taxi**

**List of Taxi Drivers**

Michael Brennan  
Victor Magnifico  
Gary DaSilva  
Steven Ferreira  
Enzo DiFilippo  
John Greene  
Mark Pidgeon  
Jeffrey Norman

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

The License applied for, if Granted, cannot be Sold, Transferred or  
Surrendered without the authority of the Board of Selectmen.

2015

RENEWAL APPLICATION

Taxi Business Operator's Permit Application

Fee: \$50.00 per unit

PRINT NAME: Michael Antonellis

PRINT D/B/A: VT S

ADDRESS: 224 Calvary St Waltham 02453

TEL. NUMBER: 781-693-5423

EMAIL: mantonellis@veteranstaxi.com

SIGNATURE: Michael Antonellis



**TOWN OF ARLINGTON  
BOARD OF SELECTMEN**

Taxi Business Operator's Permit Application

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: Manton Transportation Inc D/B/A: V.T.S

Address: 224 Calvary St

Telephone #: 781-693-5423 Email: mantonellsveteran taxi.com

Federal Identification No. or Social Security No. [REDACTED]

Current MA Driver License No.(attach a copy) \_\_\_\_\_

Number of Vehicles (include identification no.) (2) 2

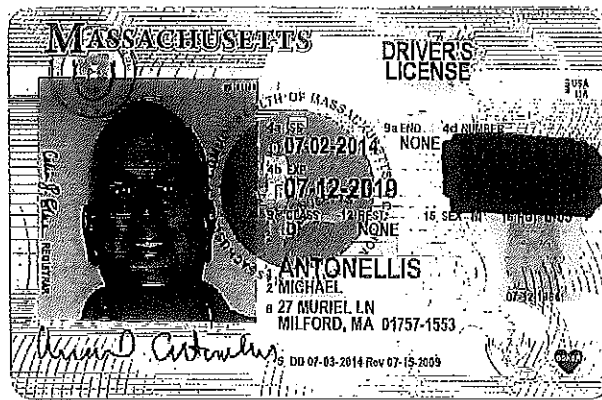
Location of Proposed Depots and Terminals: 594 Pleasant St Watertown

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

N/A

Please list your experience in the transportation of passengers for hire. 30 years in Business

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license. \_\_\_\_\_



Drivers Name: Robert Hill

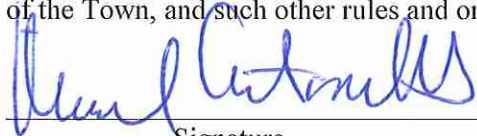
What is the color scheme or insignia to be used to designate your vehicle or vehicles?

David White Car Red Stripe

The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.



Signature

Michael Antonelli

Please Print Name

Signature

Please Print Name

Signature

Please Print Nam

OFFICE OF THE BOARD OF SELECTMEN



TOWN OF ARLINGTON  
MASSACHUSETTS 02476-4908

**The License applied for, if Granted, cannot be Sold, Transferred or  
Surrendered without the authority of the Board of Selectmen.**

2015

RENEWAL APPLICATION

**Taxi Business Operator's Permit Application**

**Fee: \$50.00 per unit**

PRINT NAME: Arlington Yellow Cab

PRINT D/B/A: Yellow Cab

ADDRESS: 640 Boston Ave

TEL. NUMBER: 781 648 1000 617 461 3980 Ron Cell

EMAIL: Ron Bonney@aol.com

SIGNATURE: RLB

*Mr Coraballo is  
scheduled to be  
appointed for  
over 10 years*

**TOWN OF ARLINGTON  
BOARD OF SELECTMEN**

**Taxi Business Operator's Permit Application**

The following application shall be verified under oath and shall furnish the following information:

Corporate Name: Yellow Cab D/B/A: Yellow Cab

Address: 640 Boston Ave Medford Ma 02155

Telephone #: 781 6481000 Email: Ron Bonney@aol.com

Federal Identification No. or Social Security No. [REDACTED]

Current MA Driver License No. (attach a copy) [REDACTED]

Number of Vehicles (include identification no.) ⑥ Six 20, 23, 25, 35, 21, 29

Location of Proposed Depots and Terminals: Established Taxi Stand within town  
640 Boston Ave Medford

Please list your financial status, including the amounts of all unsatisfied civil judgments against you or any of your employees which involve motor vehicle accidents and the nature of the transaction or acts giving rise to said judgments.

None 300K

Please list your experience in the transportation of passengers for hire.

Thirty Years Taxi Operator

Please list any facts which you believe tend to prove that public convenience and necessity require the granting of a license. Renewal

Drivers: Griffiths, Venoti, Bozard, McCogh, Medina, Gately, Arone

**MASSACHUSETTS**  
**DRIVER'S LICENSE**

*Ronald Bonney*

**1** **BONNEY**  
**2** **RONALD**  
**3** **28 VINAL AVENUE**  
**4** **SOMERVILLE, MA 02143-1804**

**5** **DOB: 12-14-2011** **EXP: 07-15-2009**

**6** **SEX: M** **HAIR: B** **EYES: B** **SKIN: F** **HEIGHT: 5'10"** **WEIGHT: 175** **MARKS: NONE**

**7** **CLASS: 1** **REST: 15** **SEC: 14**

**8** **06-25-2016**

**9** **USA**

**10** **USA**

What is the color scheme or insignia to be used to designate your vehicle or vehicles?

Yellow black lettering

Black yellow lettering

The applicant shall be responsible for keeping a record of any civil judgments rendered against himself or any of his prospective employees that were in any way the result of motor vehicle accidents within the last five years. The applicant shall be responsible for keeping this information current during the term of any license issued.

**No action shall be taken on any such application until a complete and thorough investigation is made of the applicant by the Chief of Police or his designee and a recommendation thereon is submitted for consideration by the Board of Selectmen.**

We/I hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and orders/regulations as the Selectmen may establish.



Signature

Ronald Bonney

Please Print Name

Signature

Please Print Name

Signature

Please Print Name