

Clerk of Comm



DATE: IN CITY COUNCIL, **APRIL 12, 2018**
TO: HONORABLE MEMBERS OF THE NEW BEDFORD CITY COUNCIL
FROM: CITY CLERK/CLERK OF THE CITY COUNCIL
SUBJECT: LIVERY LICENSE APPLICATION – **NEW**

The undersigned, on behalf of the Applicant, hereby submits a copy of the Application requesting a PRIVATE LIVERY LICENSE, under the provisions of M.G.L., Chapter 159A, Section 1 and amendments thereto, and M.L.G. Chapter 270, Section 22 (Smoke-Free Workplace Law) and all other laws applicable to such operation, to carry passenger for hire over the streets of New Bedford.

NAME	EDWIN MEDINA	
BUSINESS NAME	ED'S TRANSPORTATION	
ADDRESS	89 SMITH STREET	
BUSINESS ADDRESS	89 SMITH STREET	
CITY/STATE/ZIP	NEW BEDFORD, MA 02740	
BUSINESS CITY/STATE/ZIP	NEW BEDFORD, MA 02740	

Please note that the City Clerk's Office has the Original Application on File, as well as additional paperwork necessary to receive the Private Livery License (CORI, DOR TAX, Smoke-Free Information, etc.).

Thank you in advance for your attention to this matter.

Sincerely,

Dennis W. Farias
City Clerk/Clerk of the City Council

DWF: rrr

Enclosure (Copy of Application)

cc: File

IN CITY COUNCIL, April 12, 2018

Referred to the Committee on Appointments and Briefings.

Dennis W. Farias, City Clerk

a true copy, attest:

City Clerk

CITY OF NEW BEDFORD
MASSACHUSETTS
APPLICATION LIVERY LICENSE
M.G.L. Ch. 159A, SECTION 1
M.G.L. Ch. 270 SECTION 22
NEW BEDFORD, MA

4-5-2018

Date

To the City Clerk:

The undersigned hereby applies for a Livery License under the provisions of the M.G.L. Ch. 159A, Section 1, and M.G.L. Ch. 270, Section 22 (Smoke Free Workplace Law), and furnishes the following statement of facts:

1. Name Edwin Medina 2. Residence 89 Smith St NB, MA
3. a) Age 44 b) Date of Birth 3-15-1970 Place of Birth CAROLINAS PUERTO RICO
4. a) Height 5 ft. 11 in. b) Weight 269 lbs. c) Complexion Hispanic medin
d) Color of Eyes Black Color of Hair Black
5. a) MA Driver's license number 5529 27920 b) Expiration Date 3-15-2023
c) ☐ I am the owner of a motor vehicle licensed for transportation of passengers through streets of New Bedford.
d) ☐ I am not the owner of a licensed motor vehicle, but I am to be employed by _____

Registration # _____ Make/Model _____ Year _____ Color _____

6. a) Have you ever been convicted of larceny, illegal gaming, illegal keeping, transporting or sale of intoxicating liquor, drugs or controlled substances, immoral conduct, driving under the influence of intoxicating liquor or drugs, leaving the scene of an accident after causing injury to a person or property, driving to endanger life or property or the violation of the terms of any city or state license held by you? YES _____ NO ☒

b) Have you ever been convicted of a felony? YES ☒ NO ☒

c) Is there a current/open case pending against you? YES _____ NO ☒

d) Is there currently an open Protective/Restraining Order against you? YES _____ NO ☒

IF ANSWER TO ANY OF ABOVE IS YES, PLEASE GIVE FULL AND COMPLETE EXPLANATION INCLUDING DATE, CHARGE, DISPOSITION AND COURT:.

SUPERIOR COURT 1990 DRUG CHARGE

a) Have you ever had a previous livery license suspended or revoked? YES _____ NO ☒

b) If yes, please provide circumstances _____

c) Are you now, or have you ever been, licensed as a livery operator/driver from a different municipality? YES _____ NO ☒

d) If so, where and when? _____

a) Have you ever been cited for violating the Smoke Free Workplace Law prohibiting smoking in public transportation vehicles 24 hours a day, 7 days a week? YES _____ NO ☒

b) If yes, please provide circumstances _____

WILLFUL FAILURE TO PROVIDE TRUE, ACCURATE AND COMPLETE INFORMATION SHALL BE GROUNDS FOR DENIAL OF APPLICATION. SIGNED UNDER THE PENALTIES OF PERJURY.

US. NAME Edwin Medina ADDRESS 89 Smith St New Bedford
SIGNATURE Edwin Medina TEL. # 774 417 0248

RENEWAL _____ C.O.R.I. _____ D.O.R. TAX _____ SMOKE FREE INFO _____

ANNUAL FEE: \$25.00

REGISTRATION FEE PER VEHICLE: \$10.00

NUMBER OF VEHICLES: _____