



DATE: IN CITY COUNCIL, **JANUARY 27, 2022**
TO: HONORABLE MEMBERS OF THE NEW BEDFORD CITY COUNCIL
FROM: CITY CLERK/CLERK OF 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 MGL, Chapter 159A, Section 1 and amendments thereto, and MGL, Chapter 270, Section 22 (Smoke Free Workplace Law) and all other laws applicable to such operation, to carry passengers for hire over the streets of New Bedford.

NAME	OLIVER A. COMPRES
BUSINESS NAME	Ø WAIT TRANSPORTATION, INC.
ADDRESS	881 COUNTY STREET, APT 1
BUSINESS ADDRESS	881 COUNTY STREET, APT 1
CITY/STATE/ZIP CODE	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 Info, etc.).
Thank you, in advance, for your attention to this matter.

Sincerely,

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

DWF: smh

IN CITY COUNCIL, January 27, 2022

Referred to the Committee on Appointments and Briefings -Yeas 11, Nays 0.

Dennis W. Farias, City Clerk

a true copy, attest:

City Clerk

CITY OF NEW BEDFORD
MASSACHUSETTS
APPLICATION FOR VEHICLE FOR HIRE LICENSE
M.G.L. Ch. 159A, SECTION 1, M.G.L. Ch. 270 SECTION 22
CITY CODE C.24 S.IV
NEW BEDFORD, MA

Application For: _____ CLASS A or ☒ LIVERY

Date 01/13/2022
646-462-9407
a) Business Phone: 508-

1. Business Name: Dwait Transportation INC

b) Business Address: 881 County St apt 1 New Bedford MA, 02740

2. Owner Name Olive Campos

2. Residence 881 County St apt 1, New Bedford MA, 02740

3. a) Age 30 b) Date of Birth 01/28/1991 c) Height 5'11 d) Weight 235

e.) Color of Eyes Brown f) Complexion slippery g) Color of Hair black

4. 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 X

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

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

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

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

5. a) Have you ever had a previous Class A or Livery license suspended or revoked? YES _____ NO X

b) If yes, please provide circumstances _____

c) Are you now, or have you ever been, licensed as a Class A or Livery operator/driver from a different municipality? YES _____ NO X

d) If so, where and when? _____

6. In addition to owning a Livery service company, will you also be serving as a Driver for the company? YES X NO _____

7. 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 X

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.

SIGNATURE Olive Campos TEL. # 508-985-3644

REGISTRATION(S) _____ RENEWAL _____ C.O.R.I. _____ D.O.R. TAX _____ SMOKE FREE INFO ☒

ALL FEES SUBJECT TO ORDINANCE & TYPE OF LICENSE

NUMBER OF VEHICLES _____



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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 MGL, Chapter 159A, Section 1 and amendments thereto, and MGL, Chapter 270, Section 22 (Smoke Free Workplace Law) and all other laws applicable to such operation, to carry passengers for hire over the streets of New Bedford.

NAME	WILLIAM PEREZ
BUSINESS NAME	Ø WAIT TRANSPORTATION, INC.
ADDRESS	66 PLEASANT STREET
BUSINESS ADDRESS	881 COUNTY STREET, APT 1
CITY/STATE/ZIP CODE	PROVIDENCE, RI 02906
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 Info, etc.).

Thank you, in advance, for your attention to this matter.

Sincerely,

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

DWF: smh

CITY OF NEW BEDFORD
MASSACHUSETTS
APPLICATION FOR VEHICLE FOR HIRE LICENSE
M.G.L. Ch. 159A, SECTION 1, M.G.L. Ch. 270 SECTION 22
CITY CODE C.24 S.IV
NEW BEDFORD, MA

Application For: _____ CLASS A or ☒ LIVERY

1/13/2022
Date

1. Business Name: WAIT TRANSPORTATION INC. a) Business Phone: 646-462-9402

b) Business Address: 881 COUNTY ST NEW BEDFORD MA 02740
APT 1

2. Owner Name WILLIAM PEREZ

2. Residence 115-09 169TH ST JAMAICA NY 11434 66 PLEASANT ST PROVIDENCE RI 02906

3. a) Age 32 b) Date of Birth 12/22/1989 c) Height 5'9 d) Weight 188

e) Color of Eyes BROWN f) Complexion ATHLETIC g) Color of Hair BLACK

4. 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:

5. a) Have you ever had a previous Class A or 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 Class A or Livery operator/driver from a different municipality? YES _____ NO ☒

d) If so, where and when? _____

6. In addition to owning a Livery service company, will you also be serving as a Driver for the company? YES ☒ NO _____

7. 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
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SIGNATURE [Signature] TEL. # 929-407-7590

REGISTRATION(S) _____ RENEWAL _____ C.O.R.I. _____ D.O.R. TAX _____ SMOKE FREE INFO ☒

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NAME	JUAN REYES-GARCIA
BUSINESS NAME	Ø WAIT TRANSPORTATION, INC.
ADDRESS	39 WHITMAN STREET
BUSINESS ADDRESS	881 COUNTY STREET, APT 1
CITY/STATE/ZIP CODE	NEW BEDFORD, MA 02745
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 Info, etc.).
Thank you, in advance, for your attention to this matter.

Sincerely,

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

DWF: smh

CITY OF NEW BEDFORD
MASSACHUSETTS
APPLICATION FOR VEHICLE FOR HIRE LICENSE
M.G.L. Ch. 159A, SECTION 1, M.G.L. Ch. 270 SECTION 22
CITY CODE C.24 S.IV
NEW BEDFORD, MA

Application For: _____ CLASS A or ☒ LIVERY

01/13/2022
Date

1. Business Name: Wait Transportation INC. a) Business Phone: 646-462-9402

b) Business Address: 881 COUNTY ST Apt 1, New bed Ford MA 02740

2. Owner Name Susan D Reyes

2. Residence 89 Whitman ST, New bed Ford MA, 02745

3. a) Age 31 b) Date of Birth 12/25/1990 c) Height 6'0 d) Weight 211 lbs

e.) Color of Eyes Brown f) Complexion ATHLETIC g) Color of Hair BLACK

4. 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:

5. a) Have you ever had a previous Class A or 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 Class A or Livery operator/driver from a different municipality? YES _____ NO ☒

d) If so, where and when? _____

6. In addition to owning a Livery service company, will you also be serving as a Driver for the company? YES ☒ NO _____

7. 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.

SIGNATURE [Signature] TEL. # 929-258-2419

REGISTRATION(S) _____ RENEWAL _____ C.O.R.I. _____ D.O.R. TAX _____ SMOKE FREE INFO ☒

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SUBJECT: LIVERY LICENSE APPLICATION – **NEW**

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NAME	SANDY JOAQUIN
BUSINESS NAME	Ø WAIT TRANSPORTATION, INC.
ADDRESS	92 LIBRA DRIVE
BUSINESS ADDRESS	881 COUNTY STREET, APT 1
CITY/STATE/ZIP CODE	NEW BEDFORD, MA 02745
BUSINESS CITY/STATE/ZIP	NEW BEDFORD, MA 02740

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Thank you, in advance, for your attention to this matter.

Sincerely,

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

DWF: smh

CITY OF NEW BEDFORD
MASSACHUSETTS
APPLICATION FOR VEHICLE FOR HIRE LICENSE
M.G.L. Ch. 159A, SECTION 1, M.G.L. Ch. 270 SECTION 22
CITY CODE C.24 S.IV
NEW BEDFORD, MA

Application For: _____ CLASS A or ☒ LIVERY

01/13/22
Date

1. Business Name: OWAIT Transportation INC.

a) Business Phone: 646.462-9402

b) Business Address: 881 COUNTY ST Apt 1 New Bedford, MA, 02740

2. Owner Name SANDY JOAQUIN

2. Residence 92 libra Drive New Bedford, MA, 02745

3. a) Age 38 b) Date of Birth 12-1-83 c) Height 5'10" d) Weight 187

e) Color of Eyes Brown f) Complexion ATHLETIC g) Color of Hair Brown

4. 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:

5. a) Have you ever had a previous Class A or 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 Class A or Livery operator/driver from a different municipality? YES _____ NO ☒

d) If so, where and when? _____

6. In addition to owning a Livery service company, will you also be serving as a Driver for the company? YES ☒ NO _____

7. 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
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SIGNATURE _____

TEL. # 508-933-5291

REGISTRATION(S) _____ RENEWAL _____ C.O.R.I. _____ D.O.R. TAX _____ SMOKE FREE INFO ☒

ALL FEES SUBJECT TO ORDINANCE & TYPE OF LICENSE

NUMBER OF VEHICLES _____