

DATE:

IN CITY COUNCIL, APRIL 13, 2023

TO:

HONORABLE MEMBERS OF THE NEW BEDFORD CITY COUNCIL

FROM:

CITY CLERK/CLERK OF CITY COUNCIL

SUBJECT:

LIVERY LICENSE APPLICATION - RENEWAL

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	RENEE DEPINA
BUSINESS NAME	UNITED CARE TRANSPORT, INC.
ADDRESS	61 ACUSHNET AVENUE, APT. 2
BUSINESS ADDRESS	189 WOOD STREET
CITY/STATE/ZIP CODE	NEW BEDFORD, MA 02740
BUSINESS CITY/STATE/ZIP	NEW BEDFORD, MA 02745

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.

Sincer

Dénnis 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

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: March 28, 2023
1. Business Name: United CARE TRAnsport Ing Business Phone	: 80 7745400850
b) Business Address: 189 Wood Street New Bedford	MA 02745
2.Owner Name Penne DePina	
2. Residence 61 Acushnet Ave. Apt. 2, New Bed Force	
3. a) Age 54 b) Date of Birth 10/29/67 c) Height 517" d) Weight	
e.) Color of Eyes Hazel f) Complexion Fair g) Color of Ha	ir Brown
driving under the influence of intoxicating liquor or drugs, leaving the scene of an accident after causing injury to a pers or the violation of the terms of any city or state license held by you? b) Have you ever been convicted of a felony? c) Is there a current/open case pending against you? d) Is there currently an open Protective/Restraining Order against you? IF ANSWER TO ANY OF ABOVE IS YES, PLEASE GIVE FULL AND COMPLETE EXPLANATION INCLUCOURT:	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? d) If so, where and when? Rhode Island	YES NO
6. In addition to owning a Livery service company, will you also be serving as a Driver for the company?	YESNO
7. a) Have you ever been cited for violating the Smoke Free Workplace Law prohibiting smoking in public transportation 24 hours a day, 7 days a week? b) If yes, please provide circumstances	
WILLFUL FAILURE TO PROVIDE TRUE, ACCURATE AND COMPLETE INFORMATION SHALL BE GR SIGNED UNDER THE PENALTIES OF PERJURY. *ALL FEES SUBJECT TO ORDINANCE & SIGNATURE Department of the penalties of perjury. Tel. # 508 642	E TYPE OF LICENSE*
LICENSE V REGISTRATION(S) INSURANCE TAX COMPLIANCE SMOKNEW RENEWAL NUMBER OF VEHICLES V NUMBER OF DRIVERS EM	E FREE C.O.R.I.