



City of Northampton

Application for Business Owner's Permit - Vehicle for Hire

PRINT ALL INFORMATION (except signature)

(Check one)

New Application

Renewal

Today's Date: 1/13/22

(Check one)

Taxi Service

Livery Service

Name (First, Middle, Last) CHARLES BANDON ACKEIFI

Residential Address 19 MAPLE ST, EASTHAMPTON, MA 01027

Corporation Name: HAMPTON TAXI SERVICE LLC

DBA Name: HAMPTON TAXI SERVICE

Business Address 19 MAPLE ST, EASTHAMPTON, MA 01027

Mailing Address 19 MAPLE ST, EASTHAMPTON, MA 01027

Telephone Number for the business owner: 43-203-5241

Telephone Number for the business: 43-320-0012

Description of Motor Vehicles to be operated under permit: 2010 CHRYSLER TOWN & COUNTRY - SILVER

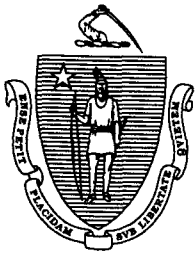
Hours of Operation: 8:00 AM - MIDNIGHT - 7 DAYS A WEEK

Sworn to this 18th day of Jan, 2022, before me, James P. Pugh, City Clerk

FOR LICENSING AUTHORITY USE

In City Council, _____, voted that this petition is _____ is not _____ granted.

Attest: _____ Clerk to the City Council



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

December 29, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

HAMPTON TAXI SERVICE LLC.

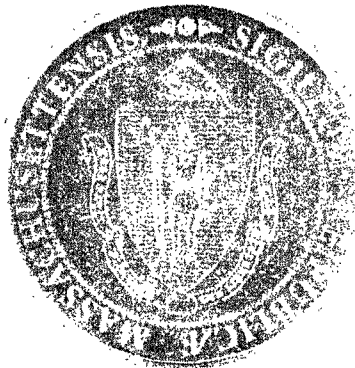
in accordance with the provisions of Massachusetts General Laws Chapter 156C on
DECEMBER 28, 2021.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:
CHARLES BANDO H ACKEIFI

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **CHARLES BANDO H ACKEIFI**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **CHARLES BANDO H ACKEIFI**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER James F Shea & Sons, LLC 200 Center St., P.O. Box 364 Ludlow, MA 01056	CONTACT NAME: Tracy Gamble
	PHONE (A/C, No, Ext): (413) 547-8135 FAX (A/C, No): (413) 547-8137
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Commerce Insurance Co
INSURED Hampton Taxi Service, LLC 19 Maple St Easthampton, MA 01027	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			TO BE ASSIGNED	01/11/2022	01/11/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 250,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Taxi Service

CERTIFICATE HOLDER CANCELLATION

City of Northampton ATTN: City Clerk's Office 210 Main St., RM 4 Northampton, MA 01060	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: 
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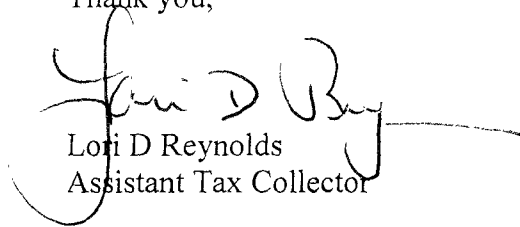
CITY OF EASTHAMPTON
COLLECTOR
50 PAYSON AVENUE, SUITE 120
EASTHAMPTON, MASSACHUSETTS 01027
413-529-1400 ext. 414

December 28, 2021

To Whom It May Concern:

Mr Charles Ackeifi, who resides at 19 Maple St, does not have any outstanding tax obligations with the City of Easthampton Tax Collectors Office.

Thank you,


Lori D Reynolds
Assistant Tax Collector