



City of Northampton

Application for Business Owner's Permit - Vehicle for Hire

PRINT ALL INFORMATION (except signature)

(Check one) [ ] New Application [X] Renewal
(Taxi Service [X] Livery Service [ ])

Today's Date: 4/28/25

Name (First, Middle, Last) Jeffrey David Miller
Residential Address 241 Haydenville Rd, Leeds MA 01053

Corporation Name:

DBA Name: Cosmic Cab Co

Business Address 160 Main St. #8 Northampton MA 01060

Mailing Address "same"

Telephone Number for the business owner: 413-326-4466

Telephone Number for the business: 413-230-6119

Description of Motor Vehicles to be operated under permit: 1- Chevy Suburban
4- Chrysler Town + Country Minivan 6- Dodge Grand Caravan

Hours of Operation: 6am - 12 mid:ght 7 Days week

Sworn to this \_\_\_ day of \_\_\_, 20\_\_\_, before me.

City Clerk

FOR LICENSING AUTHORITY USE

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

Attest: Clerk to the City Council

Office / Agent: 46-0028  
 Tax I.D. No.:  
 Policy Number: 1020093350 06

**DECLARATIONS - MASSACHUSETTS  
 BUSINESS AUTO COVERAGE FORM  
 MM 00 97 09 98**



**ITEM ONE- NAMED INSURED AND ADDRESS**  
 JEFF MILLER  
 DBA COSMIC CAB  
 160 MAIN ST STE 8  
 NORTHAMPTON, MA 01060

**Producer Name and Address 46-0028**  
 THE HILB GROUP OF NEW JERSEY LLC  
 540 GALLIVAN BLVD~\*~SUITE 211  
 DORCHESTER, MA 02124

**POLICY PERIOD:** Policy Covers FROM 01/18/2025 TO 01/18/2026 12:01 A.M. Standard Time at the Named Insured's Address stated above  
 Reason for Declaration: VC RENEWAL  
 Named Insured's Business: INDIVIDUAL  
 Effective Date: 01/18/2025  
 DIRECT BILL

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

**LIABILITY INSURANCE**

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIMIT The most we will pay for any one accident or loss	PREMIUM
Compulsory Bodily Injury	7	\$20,000 Each Person \$40,000 Each Accident	\$15,334
Personal Injury Protection	7	\$8,000 Each Person	\$5,555
Optional Bodily Injury	7	\$100,000 Each Person \$300,000 Each Accident	\$22,352
Property Damage (COMPULSORY LIMIT \$5,000)	7	\$50,000 Each Accident	\$16,511
Auto Medical Payments Insurance		Each Person	
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	\$297
Underinsured Motorists	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	INCL

**PHYSICAL DAMAGE INSURANCE**

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage		Deductible	
Specified Perils Coverage		Deductible	
Collision Coverage		Deductible	
Limited Collision Coverage		Deductible	

Loss of Use-Rental Reimbursement			
Towing and Labor		For each disablement of a private passenger auto.	

**Forms and Endorsements attached to this Coverage Form:**

CA 00 01 (10/01)	IL 00 21 (04/98)	26 AP 1056 (01/10)
CA 23 86 (01/06)	MM 99 11 (10/11)	26 AP 1057 (01/10)
CA 24 02 (12/93)	MM 99 18 (09/98)	26 AP 1092 (01/10)
CA 99 17 (07/97)	MM 99 23 (09/98)	26 AP 1102 (04/11)
IL 00 17 (11/85)	MM 99 54 (09/98)	

<b>PREMIUM FOR ENDORSEMENTS ADDITIONAL OR RETURN PREMIUM</b>	
<b>*ESTIMATED TOTAL PREMIUM</b>	\$60,049

\* This policy may be subject to final audit.

Office / Agent: 46-0028

Tax I.D. No.:

Policy Number: 1020093350 06

## DECLARATIONS - MASSACHUSETTS

## BUSINESS AUTO COVERAGE FORM

SCHEDULE - MM 00 97 09 98


**ARBELLA**  
 PROTECTION INSURANCE COMPANY

ITEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN

## VEHICLE INFORMATION

DESCRIPTION				
Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)	Original Cost New	Size GVW, GCW or Seating Capacity	Territory, City & State where the covered auto will be garaged
001	2007 CHEVROLET SUBURBAN K1500 WAGON 3GNFK16367G155614	\$39,665		013 LEEDS MA
002	2012 CHRYSLER TOWN & COUNTRY TOURING 2C4RC1BG9CR189806	\$29,995		013 NORTHAMPTON MA
003	2010 DODGE GRAND CARAVAN HERO SPORT 2D4RN3D12AR489881	\$24,855		013 LEEDS MA
004	2014 CHRYSLER TOWN & COUNTRY TOURING 2C4RC1BG2ER127036	\$30,765		013 LEEDS MA

## CLASSIFICATION

Auto No.	Business use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip	Inspect Code	Loss of Use Amt/Days
001		08	9	41890	LOCAL			/
002		08	9	41890	LOCAL			/
003		07	9	41890	LOCAL			/
004		08	9	41890	LOCAL			/

## LIABILITY LIMITS (\* Limit(s) in Thousands)

Auto No.	Compulsory Bodily Injury (\$20,000/\$40,000) each pers./each acc.	Personal Injury Protection \$8,000 Ea Person	Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium
001	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL
002	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL
003	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL
004	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL

## PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit		** Specified Perils			Comprehensive		Collision		Limited Collision	
			Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
001	ACV										
002	ACV										
003	ACV										
004	ACV										
Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	**F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC - Combined Additional Coverage. *** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.					
001											
002											
003											
004											

Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.

Office / Agent: 46-0028

Tax I.D. No.:

Policy Number: 1020093350 06

ITEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN

## DECLARATIONS - MASSACHUSETTS

## BUSINESS AUTO COVERAGE FORM

SCHEDULE - MM 00 97 09 98


**ARBELLA**  
 PROTECTION INSURANCE COMPANY

## VEHICLE INFORMATION

DESCRIPTION				
Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)	Original Cost New	Size GVW, GCW or Seating Capacity	Territory, City & State where the covered auto will be garaged
005	2013 CHRYSLER TOWN & COUNTRY TOURING 2C4RC1BG8DR632044	\$29,995		013 LEEDS MA
006	2011 DODGE GRAND CARAVAN MAINSTREET 2D4RN3DG1BR621504	\$25,995		013 NORTHAMPTON MA
007	2008 DODGE GRAND CARAVAN SE EXTENDED 2D8HN44HX8R772469	\$21,740		013 LEEDS MA
008	2014 DODGE GRAND CARAVAN SE SPORT 2C4RDGBG2ER179573	\$19,995		013 LEEDS MA

CLASSIFICATION								
Auto No.	Business use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip	Inspect Code	Loss of Use Amt/Days
005		08	9	41890	LOCAL			/
006		08	9	41890	LOCAL			/
007		07	9	41890	LOCAL			/
008		06	9	41890	LOCAL			/

LIABILITY LIMITS (* Limit(s) in Thousands)														
Compulsory Bodily Injury (\$20,000/\$40,000) each pers./each acc.		Personal Injury Protection \$8,000 Ea Person		Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
Auto No.	Premium	Premium	*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium	
005	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL	
006	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL	
007	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL	
008	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL	

PHYSICAL DAMAGE													
Auto No.	@ Value Type and Limit		** Specified Perils			Comprehensive		Collision		Limited Collision			
			Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
005	ACV												
006	ACV												
007	ACV												
008	ACV												
Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	**F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC - Combined Additional Coverage. *** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.							
005													
006													
007													
008													

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.												

Includes copyrighted material of Insurance Services Office with its permission.

Office / Agent: 46-0028

Tax I.D. No.:

Policy Number: 1020093350 06

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## DECLARATIONS - MASSACHUSETTS

## BUSINESS AUTO COVERAGE FORM

SCHEDULE - MM 00 97 09 98


**ARBELLA**  
 PROTECTION INSURANCE COMPANY

## VEHICLE INFORMATION

DESCRIPTION				
Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)	Original Cost New	Size GVW, GCW or Seating Capacity	Territory, City & State where the covered auto will be garaged
009	2010 DODGE GRAND CARAVAN SE SPORT 2D4RN4DE8AR207297	\$23,175		013 LEEDS MA
010	2012 CHRYSLER TOWN & COUNTRY TOURING 2C4RC1CG3CR118020	\$32,495		013 LEEDS MA
011	2009 DODGE GRAND CARAVAN SE SPORT 2D8HN44E59R576432	\$23,530		013 LEEDS MA

CLASSIFICATION								
Auto No.	Business use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip	Inspect Code	Loss of Use Amt/Days
009		07	9	41890	LOCAL			/
010		08	9	41890	LOCAL			/
011		07	9	41890	LOCAL			/

LIABILITY LIMITS (* Limit(s) in Thousands)													
Auto No.	Compulsory Bodily Injury (\$20,000/\$40,000) each pers./each acc.	Personal Injury Protection \$8,000 Ea Person	Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium
009	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL
010	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL
011	\$1,394	\$505	\$100 \$300	\$2,032	\$50		\$1,501			\$20 \$40	\$27	\$20 \$40	INCL

PHYSICAL DAMAGE										
Auto No.	@ Value Type and Limit	** Specified Perils			Comprehensive		Collision		Limited Collision	
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
009	ACV									
010	ACV									
011	ACV									

Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	**F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC - Combined Additional Coverage. *** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.
009						
010						
011						

Auto No. Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.



April 28, 2025

Child Safety Seat Plan 2025/26.

As per the order of the City of Northampton 319-19-4

Cosmic Cab will provide a front or rear facing Child Safety Seat or Booster Seat upon the request of any customer. The customer will need to schedule at least 1 hour in advance to ensure the availability of the safety restraint required.

Best Regards,

Jeffrey D. Miller

Owner

Cosmic Cab Company 160 Main St. #8, Northampton, MA 01060

(413) 230-6119

City of Northampton  
Application for Annual License

NORTHAMPTON, MASS., \_\_\_\_\_

To the Honorable City Council of the City of Northampton:

The undersigned respectfully petitions your honorable body for a License as follows:

Name of Business: Mr. Miller

Type of License: 25

Location of Business: Northampton, MA 01060

Print Name of Applicant: Cosmic Cab

Signature of Applicant: (V) 

Address of Applicant: (V) No. 241 Street Haydenville Rd.

City, State, Zip code Leeds, MA 01053

In City Council, \_\_\_\_\_

Referred to Committee on Licenses.

ATTEST:

\_\_\_\_\_  
City Clerk

In Committee on Licenses, \_\_\_\_\_

Voted to recommend that Petition \_\_\_ be  
granted, \_\_\_\_\_ not granted

ATTEST:

\_\_\_\_\_  
Clerk

In City Council, \_\_\_\_\_ (date)

Voted that Petition be \_\_\_\_\_ granted  
\_\_\_\_\_ not granted

Attest: \_\_\_\_\_ Clerk to City Council

**City of Northampton**

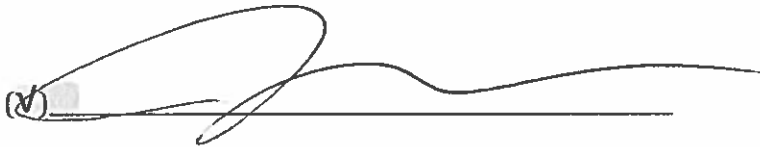
**STATEMENT OF ALL TAXES FILED AND PAID**

Name of Business: Mr. Miller

Location of Business: Northampton, MA 01060

The licenses to operate as a second hand dealer will not be issued unless this certification clause is signed by the applicant listed on the license.

I, (V) Jeffrey Miller (print name of owner or authorized agent of the business) certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

(V) 

Signature of Owner or Agent

(V)  or (V) 

Social Security Number

Federal Identification Number

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, chapter 62C, section 49A.

# City of Northampton

## AFFIDAVIT OF WAGE COMPLIANCE

Name of Business: Mr. Miller

Location of Business: Northampton, MA 01060

The Northampton City Council, in determining whether to issue, re-issue, modify, suspend or revoke a license. under G.L. c. 140, shall require that a potential or current licensee certify that they are not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act. The City Council may require a wage bond or insurance be posted by any potential licensee who does not certify that they are not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act. Licensees that are subject to a state or federal debarment for violation of the above laws, either voluntarily or involuntarily, or that have been prohibited from contracting with the Commonwealth or any of its agencies or subdivisions shall be prohibited from holding, or continuing to hold, licenses issued under G.L. c. 140, for the entire period of debarment or other stated time period.

Applicants must check box 1 or box 2 as applicable and must sign this Form, certifying compliance with the requirements set out in this Form. This Form must be included with the application.

AFFIDAVIT: (V) (Choose 1 below)

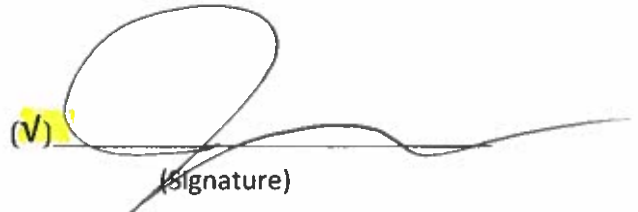


This License applicant is not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years.



This License applicant is subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years. This applicant will provide a wage bond or wage insurance for the period of the license.

(V) Jeremy Miller  
(Typed or printed name of applicant)

(V)   
(Signature)