

THE LICENSING BOARD OF  
THE TOWN OF NATICK, MASSACHUSETTS

TAXI/LIVERY/LIMOUSINE  
LICENSE APPLICATION

3/4  
Agenda  
900pm

Please fill out this form and return it to the Selectmen's Office along with exhibits A and B, proof of workers' compensation insurance, a signed tax attestation form, a certificate of liability insurance, and a check made payable to the Town of Natick. Fees: \$10.00 per vehicle to be licensed and \$5.00 per driver's permit.

COMPANY NAME: David Grancell

ADDRESS: 17 Lakeview Gardens, Apt 117, Natick, MA 01760

MAILING ADDRESS (if different from above):

PHONE: 267-346-0400

EMAIL: David.Grancell@gmail.com

COMPANY DESCRIPTION: Livery (Private Car Service by Appointment)

MANAGER: David Grancell

PHONE: 267-346-0400

NUMBER OF VEHICLES REQUIRING A LICENSE (Please list details on Exhibit A): 1

NUMBER OF DRIVERS REQUIRING A LICENSE (Please list details on Exhibit B): 1

HOURS OF OPERATION:

Monday - Sunday, Midnight - 11:59 pm

DESCRIPTION OF COMPANY MANAGER'S EXPERIENCE:

32 years driving with a perfect record.

David Grancell

2/14/2019

APPLICANT SIGNATURE

DATE

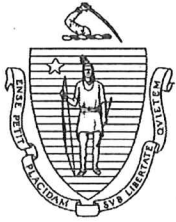
## EXHIBIT A

### VEHICLE INFORMATION

[illegible]

**EXHIBIT B**  
**DRIVER INFORMATION**

[illegible]



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: David Grancell

Address: 17 Lakeview Gdns, #117

City/State/Zip: Natick MA 01760 Phone #: 267-346-0400

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity.  
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Livery

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: Progressive Commercial

Insurer's Address: P.O. Box 94739

City/State/Zip: Cleveland, OH 44101

Policy # or Self-ins. Lic. # 00408975-0 Expiration Date: 2/5/2020

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: David Grancell Date: 2/14/2019

Phone #: 267-346-0400

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

David Grancell

**\*Print Name of Individual or Corporate Name  
(Mandatory)**

\_\_\_\_\_  
**Print Name of Corporate Officer  
(Mandatory, if Applicable)**

David Grancell

**\*Signature of Individual or Corporate Name  
(Mandatory)**

\_\_\_\_\_  
**By: Corporate Officer  
(Mandatory, if Applicable)**

David Grancell@gmail.com

E-Mail Address

\_\_\_\_\_

**\*\* Social Security Number (Voluntary) or  
Federal Identification Number**

\*This license will not be issued unless this certification clause is signed by the applicant.

\*Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing and tax payment obligations. Licensees 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 Laws Chapter 62C, Section 49A.

**\*IMPORTANT\***

No person shall provide Transportation Network Services under the authority of M.G.L. c. 159A½ unless approved by both a Transportation Network Company and the Department of Public Utilities



**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF PUBLIC UTILITIES  
Transportation Network Company Division  
One South Station  
5th Floor  
Boston, Massachusetts 02110  
(617) 305-3500**

**BACKGROUND CHECK CLEARANCE CERTIFICATE**

NAME: David Grancell  
DRIVER'S LICENSE NUMBER: [REDACTED]  
CERTIFICATE ISSUE DATE: February 8, 2019  
CERTIFICATE ID: [REDACTED]

IS CERTIFIED BY THE DEPARTMENT OF PUBLIC UTILITIES UNDER AUTHORITY OF M.G.L. c. 159A½ AS SUITABLE FOR A BACKGROUND CHECK CLEARANCE CERTIFICATE.



P.O. Box 94739  
Cleveland, OH 44101

Telephone: 800 444-4487  
progressive.com

Date: February 14, 2019

State: MA

Policy #: 004089750

Insured: DAVID GRANCELL

DBA:

Coverage Dates: 2/5/2019 to 2/14/2019

Re: Loss History

  X   There have been no losses on the policy referenced above.

The Loss History provided is only current through the end of last month.

If you have any questions regarding your loss history, please contact us at  
1-800-444-4487.

Thank You,  
Commercial Lines Customer Care