

# THE LICENSING BOARD OF THE TOWN OF NATICK, MASSACHUSETTS

## TAXI/LIVERY/LIMOUSINE LICENSE APPLICATION

Please fill out this form and return it to the Select Board'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: The Kinder Group, LLC

ADDRESS: 5 Michigan Drive, Suite 106, Natick, MA 01760

MAILING ADDRESS (if different from above):

PHONE: (508) 545-3750

EMAIL: bkinder@thekindergroup.us

COMPANY DESCRIPTION: Security Company - Executive Protection, Private Investigation, Executive Transportation

MANAGER: Major Robert W. Kinder (U.S. Army, Retired)

PHONE: (360)561-1830

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):

HOURS OF OPERATION: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, and Sunday  
12:00am - 11:59pm - 24/7

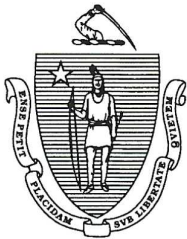
DESCRIPTION OF COMPANY MANAGER'S EXPERIENCE: 24 Years service in USAF and US Army - Retired as Major  
\* Advisor to Senior Military and Civilian Leadership in Iraq and Afghanistan  
\* Masters in Public Administration from John F. Kennedy School of Government at Harvard University  
\* Three years as Managing Director of Aerospace, Defense and Security Practice at G2 Capital Advisors - Investment Bank  
\* Founder and CEO of Signal 88 Security of New England - \$3.8 annual revenue company with over 80 employees  
- Providing armed, unarmed security officers and roving vehicle patrols



APPLICANT SIGNATURE

August 30, 2021

DATE



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

William Francis Galvin  
Secretary of the  
Commonwealth

September 3, 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

**THE KINDER GROUP LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **January 8, 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; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; 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: **ROBERT W. KINDER**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **ROBERT W. KINDER**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ROBERT W. KINDER**



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

**TOWN OF NATICK**  
**TAX ATTESTATION FORM**

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.

The Kinder Group, LLC

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

*The Kinder Group, LLC*

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

Robert W. Kinder

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

*Robert W. Kinder*

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

August 30, 2021

Date

bkinder@thekindergroup.us

Company E-Mail Address

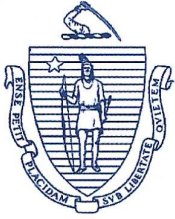
86-1360008

**\*\* 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.





*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: The Kinder Group, LLC

Address: 5 Michigan Drive, Suite 106

City/State/Zip: Natick, MA 01760

Phone #: (508)545-3750

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

1. ☒ I am an employer with 5 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 Security and Transportation

\*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: Berkshire Hathaway Guard (NorGUARD Insurance Company)

Insurer's Address: 39 Public Square

City/State/Zip: Wilkes-Barre, PA 18703

Policy # or Self-ins. Lic. # KIWC284960 Expiration Date: 06/01/2022

**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: *Robert Kinder*

Date: August 30, 2021

Phone #: (360)561-1830

***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 #: \_\_\_\_\_

[illegible]

[illegible]