

# CITY OF METHUEN

## VEHICLE FOR HIRE COMPANY LICENSE APPLICATION

(SEE METHUEN MUNICIPAL CODE - CHAPTER 13)

DATE OF APPLICATION: \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL ☒

TYPE OF APPLICATION: TAXI \_\_\_\_\_ PRIVATE LIVERY ☒ LIMOUSINE \_\_\_\_\_

BUSINESS NAME  
ADDRESS:

M&M & I Transportation LLC  
Methuen, MA

TELEPHONE (BUSINESS): 617-593-8081 TELEPHONE (WORK): \_\_\_\_\_

APPLICANT(S) NAME(S): Mouthy SAINT Felix

RESIDENCE ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NUMBER OF VEHICLES TO BE LICENSED: 1

LOCATION(S) WHERE VEHICLES TO BE GARAGED \_\_\_\_\_

Methuen, MA 01844

FEE: \$250.00 PER VEHICLE; LICENSE EXPIRES JANUARY 1ST EACH YEAR

Rev. 03/2009 - DISPOSE OF ALL PRIOR FORMS

2025 DEC 29 AM 9:47

CITY CLERK'S OFFICE  
METHUEN, MA





LIST OF OPERATORS

<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY NUMBER</u>
1. Mouthy SAINT Felix	34 Seagrass Drive Litchfield	09-27-1974	
2.	MA 01844		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



LIST OF CORPORATE OFFICERS  
(PLEASE PRINT)

Mouthy SAINT felix  
NAME

President  
TITLE

Mouthy SAINT felix  
NAME

Treasurer  
TITLE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

LIST OF CORPORATE DIRECTORS  
(PLEASE PRINT)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I SWEAR UNDER PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION GIVEN IS COMPLETE AND ACCURATE AND THAT I HAVE REVIEWED AND UNDERSTAND CHAPTER 13 OF THE METHUEN MUNICIPAL CODE.

DATE: 12/11/2025

\_\_\_\_\_  
(SIGNATURE OF INDIVIDUAL OR CORPORATE NAME)

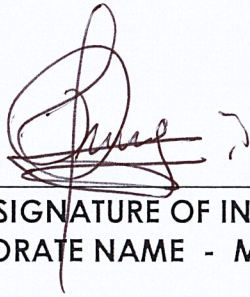
[Signature]  
CORPORATION - SIGNATURE OF PRESIDENT

[Signature]  
CORPORATION - SIGNATURE OF TREASURER



CERTIFICATION REGARDING STATE TAXES

I 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 REQUIRED UNDER LAW.



SIGNATURE OF INDIVIDUAL  
(CORPORATE NAME - MANDATORY)

BY: CORPORATE OFFICER  
(MANDATORY, IF APPLICABLE)

SOCIAL SECURITY NUMBER (VOLUNTARY)  
OR FEDERAL IDENTIFICATION NUMBER

APPROVAL OF A CONTRACT OR OTHER AGREEMENT WILL NOT BE GRANTED  
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 MEET TAX FILING OR  
TAX PAYMENT OBLIGATIONS. PROVIDERS WHO FAIL TO CORRECT THEIR NON-  
FILING OR DELINQUENCY WILL NOT HAVE A CONTRACT OR OTHER AGREEMENT  
ISSUED, RENEWED OR EXTENDED. THIS REQUEST IS MADE UNDER THE AUTHORITY  
OF MASSACHUSETTS GENERAL LAWS, c. 62C s. 49A.



1. TO THE BUILDING COMMISSIONER:

a. THE LOCATION(S) DESCRIBED FOR THE GARAGING OF THE ABOVE-DESCRIBED VEHICLES IS IN COMPLIANCE WITH CITY ORDINANCES CHAPTER 13, SECTION 10, SUBSECTION (R).

b. A ZONING CLEARANCE FORM HAS BEEN ISSUED TO APPLICANT.

*See Business Cert.*

\_\_\_\_\_  
FOR THE BUILDING COMMISSIONER

\_\_\_\_\_  
DATE

\*\*\*\*\*

2. TO THE CITY TAX COLLECTOR:

THE ABOVE APPLICANT IS PRESENTLY FREE OF ANY OVERDUE TAXES, FEES, OR CHARGES TO THE CITY OF METHUEN

X *Jennifer Frumiger*  
\_\_\_\_\_  
FOR THE CITY TREASURER

*12/15/25*  
\_\_\_\_\_  
DATE

\*\*\*\*\*

3. TO THE CITY CLERK:

a. INITIAL IF COPY OF CHAPTER 13 RECEIVED ☒

b. FORM IS COMPLETE, SIGNED AND FEE ATTACHED ☒

c. ZONING CLEARANCE FROM BUILDING COMMISSIONER ATTACHED ☒

d. COPIES OF REGISTRATIONS FOR ALL VEHICLES ATTACHED ☒

e. INSURANCE BINDER IN THE AMOUNT OF AT LEAST \$250,000/ \$500,000 AND \$50,000 PROPERTY DAMAGE PER VEHICLE ☒

f. INSURANCE COMPANY CERTIFICATION OF FIVE (5) DAY NOTICE OF CANCELLATION TO THE CITY CLERK ☒



MSP/ST TRANSPORTATION, LLC  
34 SUGAR PINE LANE  
METHUEN, MA.  
01844

- g. WORKMEN'S COMP BINDER (IF NOT NECESSARY, THEN LETTER FROM INSURANCE COMPANY STATING WHY IT IS NOT NEEDED) \_\_\_\_\_
- h. IF APPLICANT NOT A RESIDENT OR DOES NOT OWN ANY REAL ESTATE IN METHUEN, MUST FILE LIST OF PERSONAL PROPERTY INVENTORY THAT IS OWNED AT METHUEN ADDRESS \_\_\_\_\_
- i. LIST OF VEHICLE OPERATORS ATTACHED \_\_\_\_\_

A. D. [Signature]

FOR THE CITY CLERK

DATE

12-29-25

\*\*\*\*\*

4. TO METHUEN POLICE DEPARTMENT:

THIS APPLICANT IS RECOMMENDED FOR THE LICENSE REQUESTED

[Signature]

FOR THE CHIEF OF POLICE

DATE

12-22-25

\*\*\*\*\*

5. TO THE MAYOR:

THIS APPLICANT IS RECOMMENDED FOR THE LICENSE REQUESTED

DeL P. Beauregard

FOR THE MAYOR

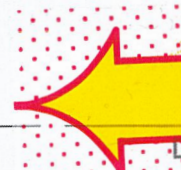
DATE:

12/29/25

\*\*\*\*\*

6. APPROVED BY A VOTE OF THE METHUEN CITY COUNCIL

CITY COUNCIL CHAIRPERSON



DATE







## CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate  
MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE <b>LVN</b>		REGISTRATION TYPE <b>Livery Normal</b>		PLATE NUMBER <b>LVA4593</b>		EFFECTIVE DATE <b>01-Apr-2025</b>		TITLE NUMBER <b>CD920155</b>		EXPIRES ON <b>31-Mar-2027</b>	
MODEL YEAR <b>2022</b>	MAKE <b>CHEV</b>	MODEL <b>SUBURBAN</b>	MODEL NUMBER <b>CK1090</b>	BODY STYLE <b>SUV</b>	COLOR <b>BLACK</b>	VEHICLE IDENTIFICATION NUMBER <b>1GNSKDKDXNR124894</b>					
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)						TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER					
GARAGE ADDRESS <b>34 SUGAR PINE LN METHUEN MA 01844-1858</b>						US DOT NUMBER FOR COMMERCIAL VEHICLE					
NAME(S) OF OWNER(S) AND MAILING ADDRESS <b>M&amp;M&amp;I TRANSPORTATION LLC 34 SUGAR PINE LN METHUEN MA 01844-1858</b>						INSURANCE COMPANY <b>SAFETY INSURANCE COMPANY</b>					
						MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE <b>7</b>					
LESSEE/IN CUSTODY OF						<i>Colleen J. O'Brien</i> Registrar of Motor Vehicles					
SPECIAL MESSAGE					CHANGE OF ADDRESS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MAILING <input type="checkbox"/> GARAGE						

### Important information for vehicle owners

- **Certificate of Registration:** Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- **Change of Address:** By law, you must report any change of address to the RMV within 30 days. Visit [Mass.Gov/RMV](http://Mass.Gov/RMV) to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- **No Insurance Card Required:** Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- **Transferring Your Plates:** Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at [Mass.Gov/RMV](http://Mass.Gov/RMV) for more information.
- **Cancel the registration plates if:**
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Skip the Line, Go Online! Visit [Mass.Gov/RMV](http://Mass.Gov/RMV) for list of available transactions.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/02/2025

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Doren Insurance Agency LLC 123 Washington Street  Dedham, MA 02026		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 781-326-9900 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> M&M&I TRANSPORTATION LLC / MOUTHY SAINT-FELIX  34 SUGAR PINE LN METHUEN, MA 01844		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> <b>INSURER B: SAFETY INSURANCE CO</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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 \$
X	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		5923481	01/13/2025	01/13/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
X	<b>PHYSICAL DAMAGE</b>			5923481	01/13/2025	01/13/2026	COLLIS/COMP 100 DEDUC

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

2022 CHEV SUBURB ( 1GNSKDKDXNR124894 )  
LVN # LVA4593  
ADDITIONAL INSURED : TOWN OF METHUEN

## CERTIFICATE HOLDER

## CANCELLATION

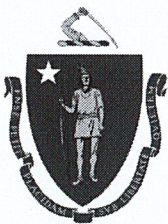
TOWN OF METHUEN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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COMMONWEALTH OF MASSACHUSETTS  
CITY OF METHUEN  
**BUSINESS CERTIFICATE**



Issue Date: November 29, 2023  
Expiration Date: November 27, 2027

Certificate Number: BUSC-316  
Fee: \$550.00

**M & M & I TRANSPORTATION (only one Livery Vehicle) DBA MMI LOGISTIC SOLUTIONS**

**34 Sugar Pine Lane      Methuen , MA 01844**

**Phone: 6175938081**

In conformity with the provisions of Chapter 110, Section 5 of the MGL, as amended, the undersigned hereby declares that a business is conducted under the title of:

**M & M & I TRANSPORTATION (only one Livery Vehicle) DBA MMI LOGISTIC SOLUTIONS at 34 Sugar Pine Lane - Methuen , 01844 by Mouthy Saint Felix**

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

Signature(s): \_\_\_\_\_

Mouthy Saint Felix

**COMMONWEALTH OF MASSACHUSETTS**

On November 29, 2023, Mouthy Saint Felix appeared before me and presented satisfactory evidence of identification which was a , proving the person(s) whose name(s) is signed above and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief.

Notary Seal

Notary Public Seal Expiration Date

**ANNE J. DROUIN, METHUEN City Clerk**

**THIS DOCUMENT MUST BE SIGNED AND IN THE PRESENCE OF A NOTARY PUBLIC WHO CAN AFFIX HIS/ HER SEAL. IF A NOTARY PUBLIC OTHER THAN THE METHUEN CITY CLERK'S OFFICE WITNESSES THE SIGNATURE, THE DOCUMENT MUST BE BROUGHT TO THE METHUEN CITY CLERK'S OFFICE.**

In accordance with the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of Massachusetts General Laws, Business Certificates shall be in effect for four (4) years from the date of issue and shall be renewed each four (4) years thereafter. A statement under oath must be filed with the METHUEN City Clerk upon discontinuing, retiring or withdrawing from such business or partnership. Copies of such Certificates shall be available at the address at which such business is conducted and shall be furnished on request during regular business hours to any person who has purchased goods or services from such business.



**This certificate must be renewed every four (4) years.**

**This Business Certificate does not confer zoning approval for conducting of this business at the above address.**

**Zoning Compliance may only be determined and issued by the METHUEN Building Inspector.**