CITY OF MELROSE

PROTECTION AND LICENSE COMMITTEE

AGENDA● NOVEMBER 8, 2021

Web-based remote meeting , Melrose, MA 02176 | **Committee Meeting** | **7:30 PM**

The public should take notice that the Melrose City Council may, on certain occasions, have a quorum in attendance due to standing committees of the City Council consisting of both voting and non-voting members. Members attending this duly posted meeting are participating and deliberating only in conjunction with the business of the standing committee.

I. CALL TO ORDER

Mark Garipay	Chair
Robb Stewart	Vice Chair
Jeff McNaught	Voting
Jen Grigoraitis	Voting
Cory Thomas	Voting
Christopher Cinella	President, ex oficio

Motion: statement of remote meeting information

Pursuant to the suspension of certain provisions of the open meeting law, this meeting of the Protection & License Committee will be conducted via remote participation to the greatest extent possible. We will post a comprehensive record of these proceedings as soon as possible after the meeting on the City of Melrose website and on MMTV/ mmtv3.org. The public can find online access instructions to view this meeting at www.cityofmelrose.org/remote-meetings

II. PUBLIC COMMENT

III. ORDERS

1. **ORDER-2022-43 :** Application of Abdinasir M. Ahmed d/b/a Galmudug, Inc. for a Hackney Carriage License (1 Cab) at Essex Street Stand

   From: City Council — ASSIGNED TO COMMITTEE

2. **ORDER-2022-44 :** Livery Car Service Licenses Renewed commencing May 1, 2021

   From: City Council — ASSIGNED TO COMMITTEE

IV. ADJOURNMENT

CITY OF MELROSE

OFFICE OF THE CITY CLERK

KRISTIN FOOTE
City Clerk

City Hall, 562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4114
Fax - (781) 979-4149

Application for TAXI License

$100.00 per vehicle initial application
$75.00 per vehicle renewal application

INSTRUCTIONS TO APPLICANT

Please review and fill out this application in its entirety.
Any applications missing information will not be accepted.

Required Documentation Check List:

Completed Application form	
Signature from The Office of Fire Prevention	
Signature from The Police Department	
Fee payable to the City of Melrose	
Current Vehicle Registrations	
Current Vehicle Insurance Policy	
Current Worker's Compensation form/declaration page	
Statement declaring payment of taxes for The State of MA & The City of Melrose	
Statement acknowledging receipt of ordinance	
Copy of Driver's Licenses for each driver	

Please complete and return all forms to:
City Clerk's Office
562 Main Street
Melrose, MA 02176

OFFICE USE ONLY:
Cori Submitted: _____
Title : _____
Signed: _____
Fee Paid: _____
Title: _____

CITY OF MELROSE

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The undersigned respectfully makes application for a license to conduct the business of setting up and using as a hackney carriage, or carriages, the vehicle, or vehicles, hereinafter described:

Business Specific Details

Business Name: GALMUDUG INC	Tax Id Number: 83-3015292
Address of Business: 28 Academy Ct Roxbury MA 02119	Business Phone Number: 617-331-9583
Owner's Name: Abdinasir Ahmed	Owner's Phone Number: Same
Address of Owner: 28 Academy Ct Roxbury MA 02119	Number of Employees: 1
Owner Date of Birth: 03/26/1976	
Manager Name: Abdinasir	
Manager Address: 28 Academy Ct	Manager's Phone Number: [redacted]
Email Address of Owner (required): Taytaroo@Hotmail.co	
24 hour Emergency Contact info: 857-277-2677	
Expiration Date of Business Cert:	
Garage Location: 28 Academy Ct Roxbury MA 021	

Days/Hours of Operation (circle the days and write out the hours)

SUN (MON) (TUES) (WED) (THUR) (FRI) SAT

Automobile Specific Details

MAKE & YEAR	MODEL	MANUFACTURERS NO.	MASS. REG. NO.	DATE OF REGISTRATION
2017 Toyota	Camery	4T1BF1FK4HU764211	TA 310G	2/2/2021

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-04-2019

Employer Identification Number:
83-3015292

Form: SS-4

Number of this notice: CP 575 A

GALMUDUG INC
28 ACADEMY COURT
ROXBURY, MA 02119

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-3015292. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 04/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

(IRS USE ONLY) 575A 01-04-2019 GALM B 9999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is GALM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

CITY OF MELROSE
OFFICE OF THE CITY CLERK

Kristin Foote
City Clerk

562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4114
Fax - (781) 979-4149

FIRE DEPARTMENT

REPORT OF INVESTIGATION – RELATIVE TO RENEWAL FOR

Renewal Class:

License ID#

License Fee: 2017 TOYT CAMRY # 3106

Business Name: GALMDUG INC.

Located at:

Expiration date:

Approval: _____ **Date:** 9/13/21

Melrose Fire Department Capitan J. Gibson– (781-665-0500)

City of Melrose
Hackney License

Abdinasir M Ahmed

28 Academy Court, Boston MA

Employer Galmudug Inc.

License # [redacted]

DOB: 3/26/1976

Height: 6' 0" Weight: 185

Eyes: Black Hair: Black

Hack# 21-001

Exp. 10/1/2022

Chief

GALMUDUG, INC.
28 ACADEMY CT
BOSTON, MA 02119-1245

5-7017/2110

[redacted]

DATE 10/5/2021

PAY TO THE ORDER OF City of Melrose $ 100.00

One Hundred and 00 dollars DOLLARS

Citizens Bank

MEMO TAXI Renewal

[redacted]

REGISTRY OF MOTOR VEHICLES

CERTIFICATE OF REGISTRATION

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

EXTERNAL CODE	REGISTRATION TYPE	PLATE NUMBER	EFFECTIVE DATE	TITLE	EXPIRES ON
TAN	Taxi Normal	310G	02-Feb-2021	[redacted]	30-Nov-202

MODEL YEAR	MAKE	MODEL	MODEL NUMBER	BODY STYLE	COLOR	VEHICLE IDENTIFICATION NUMBER
2017	TOYT	CAMRY		SEDAN	WHITE	4T1BF1FK9HU764211

RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING)

TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER

GARAGE ADDRESS
28 ACADEMY CT ROXBURY MA 02119-1245

US DOT NUMBER FOR COMMERCIAL VEHICLE

NAME(S) OF OWNER(S) AND MAILING ADDRESS
GALMUDUG INC
28 ACADEMY CT
ROXBURY MA 02119-1245

INSURANCE COMPANY
SELF-INSURED

MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE

LESSEE/IN CUSTODY OF

Registrar of Motor Vehicles

SPECIAL MESSAGE

CHANGE OF ADDRESS ☐ RESIDENTIAL ☐ MAILING ☐ 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 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, ar 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 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 for list of available transactions.

CITY OF MELROSE — OFFICE OF THE CITY CLERK

KRISTIN FOOTE
City Clerk

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Fax - (781) 979-4149

The Commonwealth of Massachusetts - Department of Industrial Accidents
Office of Investigations 600 Washington Street Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Business

Applicant Information Please Print Legibly

Busines Name: Galmudug INC.
Address: 28 Academy Ct
City/State/Zip: Roxbury MA 02119
Phone #: 617 331-9583

Are you an employer> (check one):

___1. I am an employer with _____employees (full/part-time
_✓_2. I am 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 required

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 TAXI

*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: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expirations 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 $1,5000.00 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: Abdinasir Ahmed Date: 10/5/2021

Phone #: 617-331-9583

The Commonwealth of Massachusetts

Department of the State Treasurer
One Ashburton Place
Boston, Massachusetts 02108-1608

Deborah B. Goldberg
Treasurer and Receiver General

February 1, 2021

This is to certify that Galmudug Inc., whose address is 28 Academy Court, Roxbury, MA 02119 has on deposit with the Office of the Treasurer and Receiver General of the Commonwealth of Massachusetts, the following security:

Xerox Account #000558620 @ … $10,000.00

The above security was deposited under the provisions of Massachusetts General Laws, Chapter 90 Section 34D, in lieu of Compulsory Motor Vehicle Liability Insurance and is to be retained as provided in Section p34E of said chapter and will allow the above named to act as self-insurer in the

Year 12/01/2020-11/30/2021 for a 2017 Toyota Camry Color: White VIN#4T1BF1FK9HU764211

John Gentile
Custodial Assets Coordinator

CITY OF MELROSE

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Telephone - (781) 979-4114
Fax - (781) 979-4149

THE BUILDING DEPARTMENT
WEIGHTS AND MEASURES
REPORT OF INVESTIGATION - RELATIVE TO RENEWAL FOR

Renewal Class: Taxi

License ID# Hack # 21-001

License Fee: 25.00

For: Taxi Sealing.

At: City of Melrose.

Expiration date: 10/01/22

MAKE & YEAR	VIN	MASS. REG. NO.	DATE SEALED
2017 Toyota Camery.	4T1BF1FK9HU764211	MA 5106	10/05/21

Please make the usual investigation for the City Council and submit your report, to the City Clerk within forty-eight hours.

Approval: [signature] Date: 10/05/21

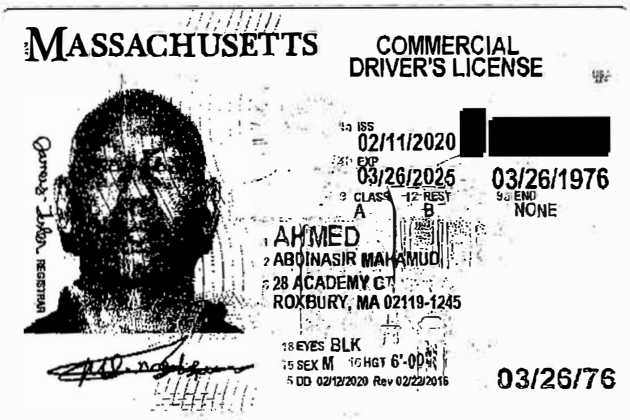
Melrose Building Department - (781-979-4134)

ACKNOWLEDGEMENT OF RECEIPT OF MELROSE ORDINANCES

I hereby acknowledge that I have received a copy of the applicable Licensing Ordinances of the City of Melrose.

_____ _____

Licensee Date



MASSACHUSETTS

COMMERCIAL
DRIVER'S LICENSE

4b ISS 02/11/2020

4c EXP 03/26/2025

[redacted] 03/26/1976

9 CLASS A 12 REST B 9a END NONE

1 AHMED
2 ABDINASIR MAHAMUD
8 28 ACADEMY CT
ROXBURY, MA 02119-1245

18 EYES BLK
15 SEX M 16 HGT 6'-00"

5 DD 02/12/2020 Rev 02/22/2016

03/26/76

Private Livery	ID #	City	Business Name	Address	Expiration	Proprietor Name	Fee
1 Car	2019-060-2021	Melrose	Boston Limousine Ride, INC	163 Pleasant St #C Melrose	04/30/2022	Mohamed Nidali Oubella	$100
1 Car	2018-205-2021	Melrose	RAR Transportation Inc	849 Main St Melrose	04/30/2022	Ahmed Elhaissouni	$100
1 Car	2014-91-2021	Melrose	ASLK Corp	17 Penney Rd Melrose	04/30/2022	Sahin Kaya	$100