



City of Northampton

Application for Business Owner's Permit - Vehicle for Hire

PRINT ALL INFORMATION (except signature)

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

Today's Date: 4/20/21

Name (First, Middle, Last) Jeffrey David Miller

Residential Address 241 Hagdenville rd. Leeds MA 01053

Corporation Name:

DBA Name: Cosmic Cab Company

Business Address 160 Main St. #8 Northampton MA 01060

Mailing Address

Telephone Number for the business owner: 413-687-8865

Telephone Number for the business: 413-230-6119

Description of Motor Vehicles to be operated under permit:

5 Dodge Grand Caravan s
1 (2007) Chevy Suburban

Hours of Operation: 6am - 3am 7 days a week

Sworn to this 26th day of April, 2021, before me. Pamela S. Proulx City Clerk

FOR LICENSING AUTHORITY USE

In City Council, voted that this petition is granted.

Attest: Clerk to the City Council

**City of Northampton**  
**Treasurer/Collector's Office**  
**Permit Denial Form**  
Revised 11-30-2018

REQUESTED BY: Pamela L. Powers, City Clerk

Name of Person, Corporation or Business: Cosmic Cab

Location of Property, Service or Address: 23 Hooker Avenue, Northampton, MA 01060

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**All permits denied for outstanding amounts must receive confirmation of good standing from the Treasurer/Collector's Office PRIOR to issuance of the permit.**

*For Tax Collector's/Treasurer's Office Use Only*

**Please list below any tax, assessed to your office that is unpaid for twelve (12) months or more after its due date, unless there is a pending abatement or appeal before the Appellate Tax Board, for the person, corporation, or business entity noted above.**

No confirmable outstanding obligation 12+ months beyond due date.

Signed:

Nanci L. Forrestall

Dated:

4/28/2021

Adopted 5-21 1992 [Ch14 S.14-21 of the 1977 Code]  
Denial/Revocation of License

City of Northampton

# City of Northampton

## AFFADAVIT OF WAGE COMPLIANCE

Name of Business: Cosmic Cab

Location of Business: 23 Hooker Avenue

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.

AFFADAVIT:      (✓) (Choose 1 below)

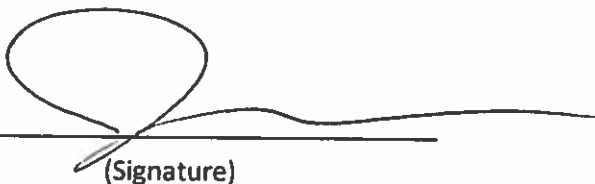


This License applicant is not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years.



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.

(✓) Jeffrey Miller  
(Typed or printed name of applicant)

(✓)   
(Signature)


**City of Northampton**


**STATEMENT OF ALL TAXES FILED AND PAID**

Name of Business: Cosmic Cab  
Location of Business: 23 Hooker Avenue

The license (as a/for a) Taxi Cab 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.