

January 20, 2017

The Board of Selectmen
Town of Oak Bluffs
Oak Bluffs, MA 02557

RE: Second Complaint re: moped licensing violations as defined by the 2004 Town Bylaw

To Whom It May Concern:

We, Mopeds Are Dangerous Action Committee ("MADAC"), would like to make a formal complaint to the Town of Oak Bluffs regarding the repeated and continual unlawful licensing of three moped rental businesses within the Town. Our complaint will clearly demonstrate that Island Hoppers, King of Rentals of MV, and Ride-On Mopeds have been issued licenses in contravention to the Town of Oak Bluffs By-Laws § F, Mopeds/Motor Scooters (*Amended STM 4.13.04 Art 11, AG Approved 5.12.04, Published 5.28.04*).

A basic tenet of language used in the drafting of legal documents, such as laws, statutes, ordinances and by-laws, is that the word "shall" is imperative and connotes a mandatory obligation, inconsistent with the concept of discretion. In contrast, the word "may" connotes permissiveness, where discretion may be available. The Town of Oak Bluffs Moped/Motor Scooter By-Law contains mandatory language which compels the Town, specifically the Board of Selectmen as the licensing and enforcement authority (see B. Duties of the Selectmen (3)) to issue moped licenses "in accordance" with the regulations.

Paragraph 1 of the regulations set forth in the Moped By-Law states in pertinent part that no license shall be issued unless an applicant "has complied *with all of the requirements* of the regulations as set forth hereafter" (emphasis added). This paragraph is of particular significance to both our prior complaint to the Board of Selectmen dated August 12, 2016, and this instant complaint, as it appears that most, if not all of the regulations set forth in the By-Law have been repeatedly ignored.

The provision that provides the bedrock of our argument that the existing three moped licensees are operating unlawfully and should be not be issued a license prospectively, is based on the unambiguous and explicit language in Paragraph 4 of the enumerated regulation. This language sets out the legislative intent of the 2004 amendment to the then existing Moped By-Law.

The Board of Selectmen shall issue a maximum of five (5) licenses per year. Licenses shall not be transferable, and no legal or beneficial interest in any entity holding any license shall be transferable without the prior approval of the Board of Selectmen. Licenses not used during one year's time shall be null and void, and any person, business or corporation who was a prior holder of a license and who engaged in the business of renting, leasing or keeping for rent or lease any motor scooters or mopeds without first obtaining a new license shall be deemed to have forfeited its license. The maximum number of licenses that the Board of Selectmen may issue shall be reduced by one for each license that becomes null and void or forfeited under this provision. (Amended STM 4/13/04 Art. 11)(emphasis added)

Not only is the language clear in Paragraph 4 that the Town intended to disallow any transfer of license, or any legal or beneficial interest in any entity holding a license, AFTER April 13, 2004, it also was clear that each time a license became null and void, or forfeited, the Town would reduce the maximum number of licenses they would issue. Mr. Todd Rebello, a former Selectman and now Spokesperson for the Moped rental business owners, testified in front of your Board at the September 13, 2016 Selectmen's meeting that it was the exact intent to continually reduce the number of moped rental business until none were licensed.

The following time line will show that Island Hoppers, King of Rentals, and Ride On Mopeds, in addition to other numerous previously investigated and founded regulations violations (see Whritenour Memo dated November 4, 2016), have transferred licenses, business or legal interests, or locations without prior written approval of the Board of Selectmen and in clear violation of the By-Laws. We have attached pertinent paperwork to illustrate the timeline.

**VIOLATIONS OF BY-LAW REGARDING TRANSFER OF LICENSE, AND/OR
TRANSFER OF LEGAL OR BENEFICIAL INTEREST**

ISLAND HOPPERS, LLC

VIOLATIONS OF BY-LAWS:

Most notable is the fact that Island Hoppers first filed their Certificate of Organization with the Secretary of the Commonwealth in April 3, 2006, and the first time they applied for and were licensed by the Town of Oak Bluffs was May of 2006 (according to an email from Sheetal Grande, employee of the Town of Oak Bluffs, on December 14, 2016, in a response to a public records request). They were not a current licensee on April 13, 2004, the time of the passage of the amended By-Law. This is a de facto violation of the intent of the By-law that no additional new licenses were to be issued. Additionally, the current owner, Jason Leone, did not hold a license with the Town until 2008, and does not appear on any corporate documents to date. Previously, the license was held by John Leone.

The By-law specifically states that "no legal or beneficial interest in any entity holding any license shall be transferrable." On April 13, 2004, the time of the passage of the amended By-Laws, Island Hoppers did not exist neither as a corporate entity, nor as a licensee in the Town of Oak Bluffs. Under the language of the duly enacted By-laws of the Town of Oak Bluffs, this entity should never have been granted a license in the past and should unequivocally not be granted a license to operate in the future.

Moreover, there remain questions whether Island Hoppers was licensed at all in 2010, 2011, and 2013, where no valid license is in evidence in the Town of Oak Bluffs files. If, in fact, Island Hoppers was not licensed for any of the noted years, pursuant to the By-laws the license is deemed to be forfeited.

In addition to the deficiencies in the licensing noted above, Island Hoppers is in violation of the By-laws by moving the physical place of business. Pursuant to the By-laws, "licenses shall not be transferrable." The 2007 Island Hoppers license states ONLY Circuit Avenue Ext, without a property number noted, as do all the inspection forms. The 2008 license is for property located at 15 Circuit Avenue Ext. All initial paperwork (inspections, insurance, workers' compensation) for Island Hoppers notes the physical address as 15 Circuit Ave Ext. The 2012 application is for property located at 15 Circuit Avenue Ext, which was then then crossed off to indicate 23 Lake Avenue. The 2012 license indicates the business is located at 23 Lake Avenue. The 2013 application again lists 23 Lake Avenue as the business address, but the license was issued to a business operating at 28 Lake Avenue.

In the 2014 application, the business address was listed as 28 Lake Avenue. However, the Certificate of Inspection by the Town was for property located at 23 Lake Avenue. Island Hoppers has continued to be licensed at 28 Lake Avenue by the Town of Oak Bluffs, however, the 2016 application for a license which was submitted by Mr. Jason Leone on April 11, 2016, suspiciously has the address of the property left blank.

Town of Oak Bluffs information (year, name of applicant, application/issue dates)

Island Hoppers

- 2006 **NOTHING IN FILE**
- 2007 John Leone Applied 3-21-2007 Issued April 3, 2007
ADDRESS LISTED AS Circuit Ave. Ext.
- 2008 Jason Leone Applied 3-31-2008 Issued April 14, 2008
MOVED LOCATION TO 15 Circuit Ave. Ext.
- 2009 Jason Leone Applied 4-13-2009 Issued July 14, 2009
- 2010 Jason Leone Applied 4-20-2010 **NO LICENSE IN FILE**
- 2011 **NOTHING IN FILE**
- 2012 Jason Leone Applied 4-18-2012 Issued June 27, 2012
MOVED LOCATION TO 23 Lake Avenue
- 2013 Jason Leone Applied 4-29-2013
LICENSE NOT DATED
- 2014 Jason Leone Applied 3-1, 2014
Issue date reads: April 27, 2015 with expiration date of December 31, 2014.
This seems to be a clerical error.
License was paid 6/1/14
MOVED LOCATION to 28 Lake Avenue
- 2015 **NO APPLICATION IN FILE** Issued April 27, 2015
(copy of \$1460 check "ISLANDHOPPERS LIC." dated July 22, 2015,
filed with King of Rentals application)
- 2016 Jason Leone Applied 3-11, 2016 Issued May 9, 2016
(Notation "Amount NOT PAID \$1555.00 Received 8-10-2016)



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth
 One Ashburton Place, Boston, Massachusetts 02108-1512
 Telephone: (617) 727-9640

Special Filing Instructions
 N/A

Certificate of Organization

(General Laws, Chapter 156C)

Federal Employer Identification Number: 000920716 (must be 9 digits)

1. The exact name of the limited liability company is: ISLAND HOPPERS, LLC

2a. Location of its principal office is:

No. and Street: 15 CIRCUIT AVENUE EXTENSION
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 15 CIRCUIT AVENUE EXTENSION
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE SALE AND RENTAL OF MOPEDS, BICYCLES, MOTORIZED BICYCLES, SCOOTERS AND OTHER VEHICLES AND ALL OTHER LAWFUL ACTIVITIES.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent is:

Name: LEONE LEONE
 No. and Street: 15 CIRCUIT AVENUE EXTENSION
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

6. The name and business address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	LEONE LEONE	15 CIRCUIT AVENUE EXTENSION OAK BLUFFS, MA 02557 USA

7. The name and business address of the person in addition to the manager, who is authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	JOHN R. LEONE	15 CIRCUIT AVENUE EXTENSION OAK BLUFFS, MA 02557 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	LEONE LEONE	15 CIRCUIT AVENUE EXTENSION OAK BLUFFS, MA 02667 USA

9. Any additional matters the authorized persons determine to include therein:

N/A

**SIGNED UNDER THE PENALTIES OF PERJURY, this 3 Day of April, 2006,
MICHAEL ST. PIERRE**

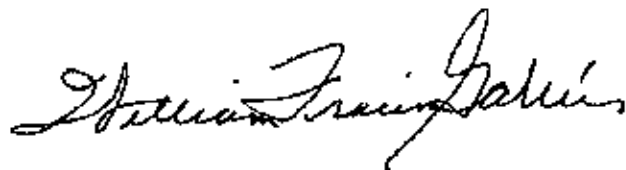
(The certificate must be signed by the person forming the LLC.)

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

April 03, 2006 12:08 PM

A handwritten signature in cursive script, reading "William Francis Galvin".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

STATE OF RHODE ISLAND

. 28

, 2008

On this 28th day of February, 2008, before me, the undersigned notary public, personally appeared Jason Leone, proved to me through satisfactory evidence of identification, which were _____ to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his knowledge and belief.



Notary Public

My Commission expires:

6/21/09



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth
 One Ashburton Place, Boston, Massachusetts 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter 156C)

Federal Employer Identification Number: 000920716 (must be 9 digits)

Annual Report Filing Year: 2007

1. The exact name of the Domestic Limited Liability Company (LLC) is: ISLAND HOPPERS, LLC

2a. Location of its principal office:

No. and Street: 15 CIRCUIT AVENUE EXTENSION
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 15 CIRCUIT AVE. EXTENSION
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE SALE AND RENTAL OF MOPEDS, BICYCLES, MOTORIZED BICYCLES, SCOOTERS AND OTHER VEHICLES AND ALL OTHER LAWFUL ACTIVITIES.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: LEONE LEONE
 No. and Street: 15 CIRCUIT AVENUE EXTENSION
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

6. The name and business address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	LEONE LEONE	15 CIRCUIT AVENUE EXTENSION OAK BLUFFS, MA 02557 USA

7. The name and business address of the person in addition to the manager, who is authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	JOHN R. LEONE	15 CIRCUIT AVENUE EXTENSION OAK BLUFFS, MA 02557 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to effect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	LEONE LEONE	15 CIRCUIT AVENUE EXTENSION OAK BLUFFS, MA 02557 USA

9. Any additional matters the authorized persons determine to include therein:

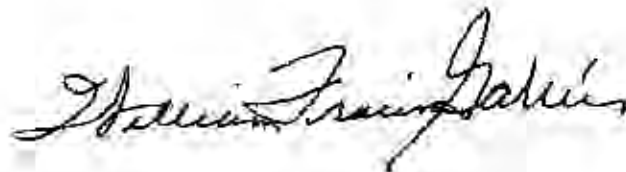
SIGNED UNDER THE PENALTIES OF PERJURY, this 2 Day of May, 2007,
LEONE LEONE , Signature of Authorized Signatory.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

May 02, 2007 10:02 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Special Filing Instructions

Annual Report

(General Laws Chapter 156C)

Identification Number: 000920716

Annual Report Filing Year: 2016

1.a. Exact name of the limited liability company: ISLAND HOPPERS, LLC

1.b. The exact name of the limited liability company as amended, is: ISLAND HOPPERS, LLC

2a. Location of its principal office:
 No. and Street: 15 CIRCUIT AVENUE EXTENSION
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:
 No. and Street: 19B BEACH ROAD
P.O. BOX 186
 City or Town: VINEYARD HAVEN State: MA Zip: 02568 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
RENTALS

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:
 Name: ARTHUR D. SMITH
 No. and Street: 282 UPPER MAIN STREET
 City or Town: EDGARTOWN State: MA Zip: 02539 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>
MANAGER	RICHARD P SAMPIERI	15 CURCUIT AVE EXT OAK BLUFFS, MA 02557 USA
MANAGER	LEONE LEONE	15 CIRCUIT AVENUE EXTENSION OAK BLUFFS, MA 02557 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title

SOC SIGNATORY

Individual Name

First, Middle, Last, Suffix

JOHN R. LEONE

Address (no PO Box)

Address, City or Town, State, Zip Code

15 CIRCUIT AVENUE EXTENSION
OAK BLUFFS, MA 02557 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title

REAL PROPERTY

Individual Name

First, Middle, Last, Suffix

LEONE LEONE

Address (no PO Box)

Address, City or Town, State, Zip Code

15 CIRCUIT AVENUE EXTENSION
OAK BLUFFS, MA 02557 USA

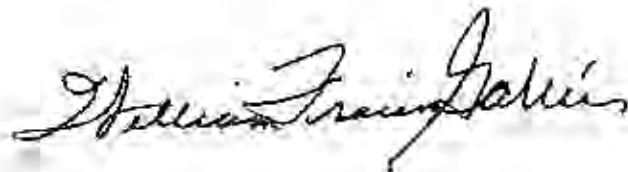
9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 5 Day of July, 2016,
RICHARD P SAMPIERI, Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

July 05, 2016 09:34 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

NUMBER

07-11

THE COMMONWEALTH OF MASSACHUSETTS

FEE

\$500.00

Town of Oak Bluffs

This is to Certify that Island Hoppers, LLC

NAME

of Circuit Avenue Ext.,

ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped Rental(s) 48

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2007 unless sooner suspended or revoked.

April 3, 2007

[Handwritten Signature]

FORM 455



HOBBS & WARREN™

NUMBER
08-16

THE COMMONWEALTH OF MASSACHUSETTS

FEE
\$500.00

Town of Oak Bluffs

This is to Certify that Island Hopper's, LLC
NAME

15 Circuit Avenue Extension
ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped Rentals (48)

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2008 unless sooner suspended or revoked.

April 14, 2008

[Handwritten Signature]
Tina Ross
Cary Gagnier

FORM 433

HAW HORBS & WARREN™



TOWN OF OAK BLUFFS BUSINESS LICENSE FORM - B

Map 8 Lot 290
REQUIRED

OFFICIAL USE ONLY
License #
Fees Paid
Date Paid
Checked

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAY

Business Name: Island Hoppers LLC Physical Address: 15 Circuit Ave. Ext.
Corporations Must Supply a Copy of Corporation Papers

Applicant Name: Jason Leone Mailing Address: P.O. Box 1522 Oak Bluffs MA 02557

Applicant Phones: hm _____ cell 401-474-1137 office _____

Owner of Property: Same Mailing Address: SAMP

Owner Phones: hm _____ cell _____ office _____

Applicant Signature: Jason Leone Date: 4-20-10 SS# or FEIN _____

TYPE OF LICENSE: SEASONAL ANNUAL DATES OPEN: From: 5-1-10 To: 11-1-10

Alcohol Consumed on Premises New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____

Alcohol Not Consumed on Premises New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____

Common Victualer New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____

General Retail New _____ Renewal _____ #Entrances _____ #Exits _____

Inn Holder / Lodging New _____ Renewal _____ #Rooms _____ #Entrances _____ #Exits _____

Transient Vender New _____ Renewal _____ (explain) _____

Entertainment New _____ Renewal _____ Other (explain) Moped's 48 @ \$20 ea. *continue on back*

Sign Offs:

Town Clerk: [Signature] Date: 4/20/10 Inspect. Date: NA

Tax Collector: [Signature] Date: 4/20/10 Inspect. Date: _____

Inspections: Once you have your license will need to make appointments with the Fire Dept., Building Dept. and the Health Dept. to finalize validation.

Fire Department 508-693-0077 / Board of Health 508-693-3554 x117 / Building Department 508-693-3554 x122

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS
The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba) _____

(Signature) _____

OFFICIAL USE ONLY
Board of Selectman Approval _____ Date _____
Copy to Assessor's Office _____ Date _____ Note _____



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION

Map 8 Lot 282
REQUIRED

License # _____
Fee Paid: * 500⁰⁰
Date Paid: 4/18/12
Check #/Cash 453

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: Island Hopper LLC Physical Address: 23 LAKE AVE
Corporations Must Supply a Copy of Corporation Papers 15 Church Ave Ext.
Oak Bluffs MA 02557

Applicant Name: Jason Leape Mailing Address: PO Box 186 Vineyard Haven MA
02558

Applicant Phones: hm _____ cell 401-474-1137 office 508-696-9147

Owner of Business: _____ Mailing Address: _____
 Owner Phones: hm _____ cell _____ office _____

Applicant Signature: Jason Leape Date: 4-10-12 SS# or FEIN: 20-4644396

TYPE OF LICENSE: SEASONAL ANNUAL DATES OPEN: From: 5-1-12 To: 1-30-12

Alcohol Consumed on Premises	New	Renewal	#Seats	#Entrances	#Exits
Alcohol Not Consumed on Premises	New	Renewal	#Entrances	#Exits	
Common Victualler	New	Renewal	#Seats	#Entrances	#Exits
General Retail	New	Renewal	#Entrances	#Exits	
Inn Holder / Lodging	New	Renewal	#Rooms	#Entrances	#Exits
Transient Vender	New	Renewal	<input checked="" type="checkbox"/> (explain) <u>Moped, Bike, Scooter</u>		
Entertainment	New	Renewal	Other	(explain) <u>continue on back</u>	

Sign Offs:

Town Clerk: [Signature] Date: 4/19/12

Tax Collector: [Signature] Date: 4/18/12

Waste Water: [Signature] Date: 4/18/12



*** YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS ***
The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba) _____

(Signature of Licensing Agent) _____

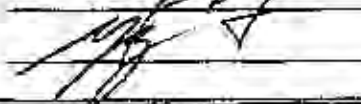
OFFICIAL USE ONLY

Board of Selectman Approval: _____ Date: _____

Copy to Assessor's Office _____ Date: _____ Note: _____

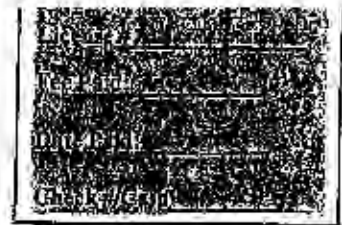
PAID
4/18/12 * 500⁰⁰
 Check # 453
 BUS LIC
 Moped (48)
 Note: Trip
 Fee TASP

Stickers 171-218

NUMBER	THE COMMONWEALTH OF MASSACHUSETTS	FEE
<u>LN2012-35</u>	<u>Town of Oak Bluffs</u>	<u>\$500.00</u>
This is to certify that <u>Island Hoppers, LLC,</u>		
NAME		
<u>of 23 Lake Avenue (Map 8, Lot 282)</u>		
ADDRESS		
IS HEREBY GRANTED A LICENSE		
For <u>a Moped Rental Business (48 Mopeds)</u>		
This license is granted in conformity with the Statutes and ordinances relating thereto, and expires <u>December 31, 2012</u> unless sooner suspended or revoked.		
<u>June 27,</u> 20 <u>12</u>	<u>Walter by mail</u> 	
FORM 433 HOBBS & WARREN		



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION



Map 8 Lot 282
REQUIRED

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: Island Apprais LLC Physical Address: 23 Lake Ave
Corporations Must Supply a Copy of Corporation Papers

Applicant Name: Jason Leane Mailing Address: PO Box 186

Applicant Phones: hm 508-697-2035 cell 401-474-1137 office 508-696-5147

Owner of Business: Jason Leane Mailing Address: _____

Owner Phones: hm _____ cell _____ office _____

Applicant Signature: Jason Leane Date: _____ SS# or FED# 20-4644396

TYPE OF LICENSE: SEASONAL ANNUAL DATES OPEN: From: 4-1-13 To: 11-1-13

Alcohol Consumed on Premises	New	Renewal	#Seats	#Entrances	#Exits
Alcohol Not Consumed on Premises	New	Renewal	#Entrances	#Exits	
Common Victualer	New	Renewal	#Seats	#Entrances	#Exits
General Retail	New	Renewal	#Entrances	#Exits	
Inn Holder / Lodging	New	Renewal	#Rooms	#Entrances	#Exits
Transient Vendor	New	Renewal	(explain)		
Entertainment ⁽⁴⁸⁾ <u>motor, Bike Rental</u>	New	Renewal	Other	(explain) <u>motor, bike rental</u>	

Sign Offs:

Town Clerk: Dorothy A. Peltz Date: 4/30/13

Tax Collector: Paul A. Stanton Date: 4/30/13

Waste Water: Paul A. Stanton Date: 4/30/13

PAID
 4/30/13 15:00
 Chk # 206
 Moped * 500.00
 Shovel 960.00
 Bk's Insp 50.00
 Fee Insp 15.00

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS
The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department Inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (the)

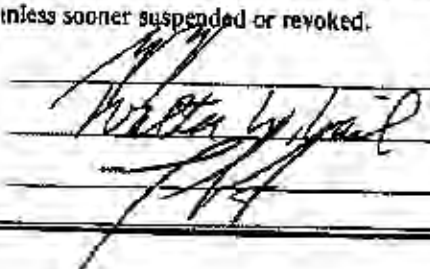
(Signature of Licensing Agent) _____

RECEIVED
MAY - 1 2013

Board on Selectman Approval: _____ Date: _____

Copy to: _____ Office: _____ Date: _____ Note: _____

IMPORTANT OVER → CERTIFICATION OF STATE TAX COMPLIANCE →

NUMBER	THE COMMONWEALTH OF MASSACHUSETTS	FEE
<u>LN2013-28</u>	Town of <u>Oak Bluffs</u>	<u>\$5500.00</u>
This is to certify that <u>Island Hoppers, LLC,</u>		
<small>NAME</small>		
<u>of 28 Lake Avenue (Map 8, Parcel 282)</u>		
<small>ADDRESS</small>		
IS HEREBY GRANTED A LICENSE		
For <u>Moped Rentals (48)</u>		
This license is granted in conformity with the Statutes and ordinances relating thereto, and expires <u>December 31, 2013</u> unless sooner suspended or revoked.		
	20	
FORM 433 HOBBS & WARREN		

Vason Leone
 1,555 - 4/30/13
 2195 -

3,750 -

w/ be overnighted today

Commonwealth Of Massachusetts

Town of Oak Bluffs

00080282



In Accordance With The Massachusetts State Building Code, Section 106, This
Fire Department 508-693-0077 Building Department 508-693-3554 x122

CERTIFICATE OF INSPECTION

issued to **BARDELIS CREEKS H BEN DAVID I** Certify that I have Inspected the **M-1 RETAIL MERCHANT** known as **ISLAND HOPPERS** located at **23 LAKE AVE** in the Town of Oak Bluffs.

The Means Of Egress Are Sufficient For The Following Number Of Persons:

BY PLACE OF ASSEMBLY OR STRUCTURE

Establishment Type	Capacity	Location	Signature	Full Compliance
M-1 RETAIL MERCHANT	10	STREET LEVEL OFFICE		Full Compliance
M-1 RETAIL MERCHANT	10	STREET LEVEL OFFICE		Full Compliance

106.5.1 Annual Inspection of Any Premise Licensed by the Alcohol Beverage Control Commission c. ABCC (per St. 2004 c. 304).

Any premise, licensed by the ABCC and from which alcoholic beverages are sold and are consumed on the premises, is required to be inspected annually and said annual certificate of inspection is to be signed by the Building Official and by the Head of the Fire Department.

CI-1013-1012

05/22/2013

12/31/2013

Certificate Number

Date Certificate Issued

Date Certificate Expires

NOT VALID UNTIL SIGNED OFF

**** A COPY OF THIS CERTIFICATE MUST BE POSTED IN CLEAR VIEW NEAR ALL ENTRANCES ****

50 School Street * OAK BLUFFS, MA * Phone: (508) 693-3554 * Fax: (508) 693-3795 * Email: jctomas@oakbluffsma.gov



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION

81 93.1
Map Lot ~~93.1~~
REQUIRED

License # _____
Fee Paid: _____
Date Paid: _____
Check #/Cash _____

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: Island Hoppers Physical Address: 28 Lake Avenue
Corporations Must Supply a Copy of Corporation Papers

Applicant Name: Jason Leone Mailing Address: P.O. Box 186

Applicant Phones: hm 508-693-2035 cell 401-474-1137 office 508-696-9147

Owner of Business: Jason Leone Mailing Address: P.O. Box 186

Owner Phones: hm 508-693-2035 cell 401-474-1137 office 508-696-9147

Applicant Signature: _____ Date: _____ SS# or FEIN _____

TYPE OF LICENSE: SEASONAL ANNUAL DATES OPEN: From: _____ To: _____

Alcohol Consumed on Premises	New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____
Alcohol Not Consumed on Premises	New _____ Renewal _____ #Entrances _____ #Exits _____
Common Victualer	New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____
General Retail	New _____ Renewal _____ #Entrances _____ #Exits _____
Inn Holder / Lodging	New _____ Renewal _____ #Rooms _____ #Entrances _____ #Exits _____
Transient Vendor	New _____ Renewal <input checked="" type="checkbox"/> (explain) _____
Entertainment	New _____ Renewal _____ Other (explain) <u>(48) Mopeds</u> <small>continue on back</small>

Sign Offs:

Town Clerk: Catherine Pileggi Date: 4/16/14

Tax Collector: [Signature] Date: 5/2/14

Waste Water: [Signature] Date: 4/16/14

PAID
 6/14 \$1,555.00
 OK #103
 moped business
 635 stickers
 Bk Trip Fee
 Fore Trip Fee
 48 Mopeds

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS

The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of: (48a)

(Signature of Licensing Agent) _____

OFFICIAL USE ONLY

Board of Selectman Approval: _____ Date: _____

Copy to Assessor's Office _____ Date: _____ Note: _____

RECEIVED
 Note:
 MAY - 2 2014
SELECTMEN'S OFFICE

IMPORTANT OVER -- CERTIFICATION OF STATE TAX COMMISSION

Commonwealth Of Massachusetts

Town of Oak Bluffs

00080282


In Accordance With The Massachusetts State Building Code, Section 106, This
Fire Department 508-895-0077 Building Department 508-693-3554 x122

CERTIFICATE OF INSPECTION

issued to BARDELIS C WEEKS H BEN DAVID I Certify that I have Inspected the M-1 RETAIL MERCHANT known as ISLAND HOPPERS located at 23 LAKE AVE in the Town of Oak Bluffs.

The Means Of Egress Are Sufficient For The Following Number Of Persons:

BY PLACE OF ASSEMBLY OR STRUCTURE

Establishment Type	Capacity	Location	Signature	Compliance
M-1 RETAIL MERCHANT	10	STREET LEVEL OFFICE		Full Compliance
M-1 RETAIL MERCHANT	10	STREET LEVEL OFFICE		Full Compliance

106.5.1 Annual Inspection of Any Premise Licensed by the Alcohol Beverage Control Commission - ABCC (per St. 2004 c. 304)

Any premise, licensed by the ABCC and from which alcoholic beverages are sold and are consumed on the premises, is required to be inspected annually and said annual certificate of inspection is to be signed by the Building Official and by the Head of the Fire Department.

CI-2014-1012

05/22/2014

12/31/2014

Certificate Number

Date Certificate Issued

Date Certificate Expires

NOT VALID UNTIL SIGNED OFF

**** A COPY OF THIS CERTIFICATE MUST BE POSTED IN CLEAR VIEW NEAR ALL ENTRANCES ****

51 School Street * OAK BLUFFS, MA * Phone:(508) 693-3554 * Fax:(508) 693-5735 * Email: info@oakbluffsma.gov

NUMBER THE COMMONWEALTH OF MASSACHUSETTS FEB
IN2014 Town of Oak Bluffs \$500.00

This is to certify that Island Hoppers
28, Lake Avenue (Map 81, Lot 93.1)
NAME ADDRESS

IS HEREBY GRANTED A LICENSE
For Moped Rentals (48 Mopeds)

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2014 unless sooner suspended or revoked.

APRIL 27, 2015
Kathleen Bunker
Moped Rentals
Paul Thompson



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION

OFFICIAL USE ONLY	
License #	_____
Fee Paid	_____
Date Paid	_____
Check #/Cash	_____

Map 81 Lot 93.1
REQUIRED

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: ISLAND HOPPER'S LLC **Physical Address:** _____
Corporations Must Supply a Copy of Corporation Papers

Applicant Name: JASON LEANE **Mailing Address:** PO Box 186 Vineyard Haven MA

Applicant Phones: hm 508-693-2035 cell 401-474-1137 office 508-696-9147 02568

Owner of Business: MATT GREGO **Mailing Address:** _____

Owner Phones: hm _____ cell _____ office _____

Applicant Signature: [Signature] **Date:** 4-11-16 **SS# or FEIN:** 20-4644396

TYPE OF LICENSE: SEASONAL ANNUAL **DATES OPEN:** From: 5-1-16 To: 10-31-16

Alcohol Consumed on Premises	New	Renewal	#Seats	#Entrances	#Exits
Alcohol Not Consumed on Premises	New	Renewal	#Entrances	#Exits	
Common Victualler	New	Renewal	#Seats	#Entrances	#Exits
General Retail	New	Renewal	#Entrances	#Exits	
Inn Holder / Lodging	New	Renewal	#Rooms	#Entrances	#Exits
Transient Vender	New	Renewal	(explain) <u>moped, Bikes, Rental</u>		
Entertainment	New	Renewal	Other	(explain) <u>continue on back</u>	

Sign Offs:

Town Clerk: Laura B. Johnston **Date:** 5/4/16

Tax Collector: [Signature] **Date:** 4/14/16

Waste Water: [Signature] **Date:** 4/14/16

total due
\$ 1555.00

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS
The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba) _____

(Signature of Licensing Agent): _____

OFFICIAL USE ONLY		
Board of Selectman Approval	Date: _____	Note: _____
Copy to Assessor's Office	Date: _____	Note: _____

IMPORTANT OVER — CERTIFICATION OF STATE TAX COMPLIANCE —

NUMBER THE COMMONWEALTH OF MASSACHUSETTS FEE
LN2016-33 Town of Oak Bluffs \$500.00

This is to certify that Island Hoppers
NAME
Of 28, Lake Avenue (Map 81, Lot 93.1)
ADDRESS

IS HEREBY GRANTED A LICENSE
For Moped Rentals \$500.00

This license is granted in conformity with the Statutes and ordinances relating thereto, and
expires Dec 31, 2016 unless sooner suspended or revoked.

May 9 20 16

[Signature]
Walter W. Baird

FORM 433 HOBBS & WARREN

Amount Not Pd :

\$1555.00

PALD
chk #124, chk #121
Received 8/10/16

In Accordance With The Massachusetts State Building Code, Section 106, This
Fire Department 508-693-0077 Building Department 508-693-3554 x322

CERTIFICATE OF INSPECTION

issued to GREGORY PAULINE I Certify that I have inspected the M-1 RETAIL MOPED, BICYCLE RENTAL STORE known as ISLAND HOPPERS LLC located at 28 LAKE AVENUE, in the Town of Oak Bluffs

The Means Of Egress Are Sufficient For The Following Number Of Persons:

BY PLACE OF ASSEMBLY OR STRUCTURE

Establishment Type B RETAIL MOPED	Capacity 10	Location STREET LEVEL	 Building Official	Full Compliance
Establishment Type B RETAIL MOPED	Capacity 10	Location STREET LEVEL	 Fire Official	Full Compliance

CI-2016-81009301
Certificate Number

06/1/2016
Date Certificate Issued

6/1/2017
Date Certificate Expires

NOT VALID UNTIL SIGNED OFF

**** A COPY OF THIS CERTIFICATE MUST BE POSTED IN CLEAR VIEW NEAR ALL ENTRANCES ****

KING OF RENTALS OF MV, LLC

VIOLATIONS OF BY-LAWS:

In 2007, records indicate that a company named "Kings Rentals" was licensed for moped rentals in the Town of Oak Bluffs. The license holder was Cheryl M. King, doing business at 1 Circuit Ave. Ext. The MADAC did not investigate the licensure history of Ms. King or the prior business entity "Kings Rental," though in putting this complaint together we should have. MADAC *did* find that Ms. King's corporation, "Kings Rentals of the Vineyard" was incorporated on May 19, 2004, **one week after the By-Law was recorded with the Attorney General of the Commonwealth.** To say that this is a complete violation of that recently-amended by-law need not be said. Why the Board of Selectmen allowed it is not known, nor is the reason that the business was later allowed to be transferred in 2008.

On March 27, 2008, **four years after the By-Laws were amended,** Jason Leone, DBA "King of Rentals of MV, LLC," first filed a Certificate of Organization with the Secretary of the Commonwealth. The first time "King of Rentals MV" applied for a license by the Town of Oak Bluffs was May of 2008; however, the license was issued to "Kings Rentals." They had not held a licensee previously, and slightly varied the name from the previous dealer's "Kings Rentals" to "King of Rentals MV" to obtain a moped license.

The By-laws are unambiguous and state explicitly, "Licenses shall not be transferable, and no legal or beneficial interest in any entity holding any license shall be transferable without prior approval of the Board of Selectmen." On April 13, 2004, the time of the passage of the amended By-Laws, neither Kings Rentals nor King of Rentals MV existed, neither as a corporate entity, nor as a licensee in the Town of Oak Bluffs. Under the language of the duly enacted By-laws of the Town of Oak Bluffs, these entities should never have been granted a license in the past and should unequivocally not be granted a license to operate in the future.

In addition to the deficiencies in the licensing noted above, and to what appeared to be a sham attempt appear that King of Rentals was the prior licensee "Kings Rentals", since the inception of King of Rentals in 2008, the business has used four different addresses on their official licensing paperwork with the Town of Oak Bluffs, also in violation of the By-Laws. King of Rentals has been operating at 11 Oak Bluffs Avenue, 1 Circuit Avenue Extension, 11 Circuit Avenue Extension and 15 Circuit Avenue Extension. This is a blatant violation of the By-laws by moving the physical place of business, as pursuant to the By-laws, "licenses shall not be transferrable."

Moreover, there remains questions whether King of Rentals was licensed at all in 2011 where there is no valid license in evidence and 2015 where no valid license application in evidence in the Town of Oak Bluffs files. In 2009, the license was issued on July 14, 2009 and in 2012 it was issued on June 27, 2012, well into the season allowing the business to operate unlicensed. If in fact King of Rentals was not licensed for any of the noted years, pursuant to the By-laws the license is deemed to be forfeited. The license fees were also paid after the date of issuance of the permit at least three times.

Town of Oak Bluffs information (year, name of applicant, application/issue dates)

KING'S RENTALS:

2007 Cheryl King Application 5-21-2007 Issued May 22, 2007

KING OF RENTALS OF MV

2008 Jason Leone Application 4-1-2008 Issued April 14, 2008

LICENSE READS "KING'S RENTALS" not "KING OF RENTALS OF MV"

2009 Jason Leone Application 4-13-2009 *Issued July 14, 2009*

(Signed by only 2 SELECTMEN) MOVED LOCATION TO 11 Oak Bluffs Avenue

2010 Jason Leone Application 4-20-2010

MOVED LOCATION TO 1 Circuit Ave Ext.

2011 **UNSIGNED UNDATED LICENSE FOR 15 CIRCUIT AVE EXT**

2012 Jason Leone Application 4-18-2012 *Issued June 27, 2012*

2013 Jason Leone Application 4-30-2013 Issued May 22, 2013

2014 Jason Leone Application 4-16-2014

Issue date reads: April 27, 2015 with expiration date of December 31, 2014.

This seems to be a clerical error.

License was paid 6/3/14

MOVED LOCATION TO 11 Oak Bluffs Ave.

(1 Circuit Ave Ext. AND 15 Circuit Ave. Ext. crossed out)

2015 **NO APPLICATION IN FILE** Issued May 9, 2015

(filed with copy of \$2500 check "King of Rentals of MV lic.," dated July 22, 2015)

2016 Jason Leone Application 4-11-2016 Issued May 9, 2016

(Notation Amount Not Paid \$2195.00 Received August 10, 2016)



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth
 One Ashburton Place, Boston, Massachusetts 02108-1512
 Telephone: (617) 727-9640

Certificate of Organization

(General Laws Chapter 156C)

Federal Employer Identification Number: 000868303 (must be 9 digits)

1. The exact name of the limited liability company is: KING'S RENTALS OF THE VINEYARD, LLC

2. Location of its principal office is:

No. and Street: 11 CIRCUIT AVENUE EXT
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
RENTAL OF BICYCLES, MOPEDS, AND AUTOMOBILES.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent is:

Name: CHERYL KING
 No. and Street: 80 COLUMBIA AVE
PO BOX 722
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

6. The name and business address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	CHERYL MAY KING	PO BOX 722 OAK BLUFFS, MA 02557 USA

7. The name and business address of the person in addition to the manager, who is authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	KATHLEEN SEQUEIRA	PO BOX 722 OAK BLUFFS, MA 02557 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	CHERYL MAY KING	PO BOX 722 OAK BLIFFS, MA 02557 USA

9. Any additional matters the authorized persons determine to include therein:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 19 Day of May, 2004,
CHERYL MAY KING**

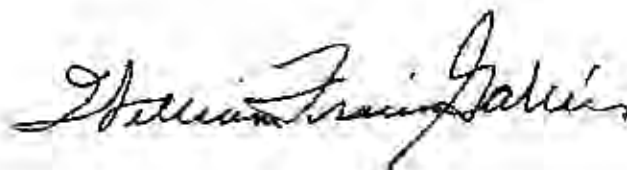
(The certificate must be signed by the person forming the LLC.)

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

May 19, 2004

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity

Name: KING'S RENTALS OF THE VINEYARD, LLC

Order certified copies " check all	Name of filing	Year filed	Date filed	Filing No.	View PDF
	Dissolution by Court Order or by the SOC		04/19/2011 12:00 AM	201142493330	Index Number = 0 (0 pages)
-	Annual Report	2007	11/07/2007 11:08 AM	200700091230	200700091230_1.pdf, 3 pgs
-	Annual Report	2006	11/07/2007 11:03 AM	200700090710	200700090710_1.pdf, 3 pgs
-	Annual Report	2005	11/07/2007 10:56 AM	200700090350	200700090350_1.pdf, 3 pgs
-	Certificate of Organization		05/19/2004	200472120390	200472120390_1.pdf, 3 pgs

[Return to entity summary](#)

[Order filings](#)

NUMBER

07-45

THE COMMONWEALTH OF MASSACHUSETTS

FEE

\$300.00

Town of Oak Bluffs

This is to Certify that Kings Rentals

NAME

of 1 Circuit Ave. Ext.

ADDRESS

IS HEREBY GRANTED A LICENSE

For Motorcycle Rentals (5)

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2007 unless sooner suspended or revoked.

May 22, 20 07

[Handwritten Signature]

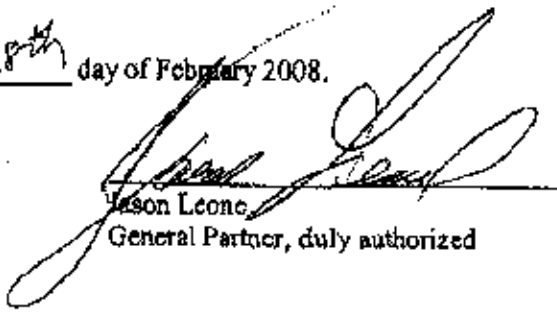
JULIA ROSS
ROGER WAY

Certificate of Organization for a Limited Liability Company
In the name of King of Rentals of MV, LLC

The undersigned, desiring to form a Registered Limited Liability Company and abide by and be subject to section 65 of Massachusetts General Laws Chapter 156C, hereby certifies.

1. The name of the Limited Liability Company is King of Rentals of MV, LLC.
2. The street address of its principle office in the Commonwealth of Massachusetts and the location at which its records will be maintained are 19 Beach Road, Tisbury, MA 02568.
3. The business to be carried on by the company is to own, operate, and maintain a motor vehicle rental business.
4. The federal employee identification number of the company is 26-2038314.
5. The name and address of the Resident Agent is Jason Leone of 19 Beach Road, Tisbury, MA 02568.
6. The name and address of the Manager is Jason Leone of 130 Chaple Street, Block Island, RI 02807.
7. The name and address of the general partner authorized to execute, acknowledge, deliver and receive any instrument purporting to affect any interest in real property is Jason Leone of 130 Chaple Street, Block Island, RI 02807.

Witness my hand and seal this 28th day of February 2008.


Jason Leone,
General Partner, duly authorized

? SOS
3-27-2008

STATE OF RHODE ISLAND

2008

On this 28th day of February, 2008, before me, the undersigned notary public, personally appeared Jason Leone, proved to me through satisfactory evidence of identification, which were _____ to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his knowledge and belief.



Notary Public

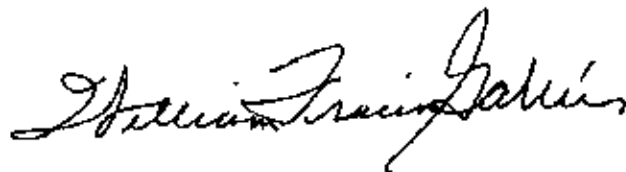
My commission expires: 6/21/09

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

March 27, 2008 10:40 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

NUMBER

08-17

THE COMMONWEALTH OF MASSACHUSETTS

FEE

\$830.00

Town of Oak Bluffs

To Certify that King's Rentals (Mopeds, Bike's, Cars and Motorcycles)

NAME

1 Circuit Avenue Extension

ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped Rentals (50)

Auto Rentals (6)

Motorcycle Rentals (5)

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2008 unless sooner suspended or revoked.

April 14, 2008

[Handwritten Signature]
Robert Wey

FORM 433

H&W

HOBBS & WARREN™



TOWN OF OAK BLUFFS
BUSINESS LICENSE FORM - B

Map 4 Lot 44
REQUIRED

OFFICIAL USE ONLY

License # LN-2009-25
Fee Paid: \$2,100.00
Date Paid: 5/18/09
Check #/Cash 161

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAY

Business Name: King of Rental of MV Physical Address: 11 Circuit Ave ⁰¹⁵ Oak Bluffs MA 02557
Corporations Must Supply a Copy of Corporation Papers
Applicant Name: JASON A. LEON Mailing Address: P.O. Box 1522 Oak Bluffs MA 02557
Applicant Phones: hm 401-474-1137 cell 401-474-1137 office 508-693-1887
Owner of Property: Ben Hall Mailing Address: P.O. Box 5039 Edgartown, MA 02539
Owner Phones: hm _____ cell 508-627-5900 office 508-627-2800
Applicant Signature: [Signature] Date: 4-13-09 SS# or FEIN 26-2038314

TYPE OF LICENSE: SEASONAL ANNUAL DATES OPEN: From: 5-1-09 To: 10-31-09

Alcohol Consumed on Premises New ___ Renewal ___ #Seats ___ #Entrances ___ #Exits ___
Alcohol Not Consumed on Premises New ___ Renewal ___ #Seats ___ #Entrances ___ #Exits ___
Common Victualler New ___ Renewal ___ #Seats ___ #Entrances ___ #Exits ___
General Retail New ___ Renewal ___ #Entrances ___ #Exits ___
Inn Holder / Lodging New ___ Renewal ___ #Rooms ___ #Entrances ___ #Exits ___
Transient Vender New ___ Renewal ___ (explain) ___
Entertainment New ___ Renewal ___ Other 50 (explain) motorcycle, bike, car, motorcycle 5 6 5

Sign Offs:

Town Clerk [Signature] Date: 4/13/09 Inspect. Date: _____
Tax Collector: [Signature] Date: 4/13/09 Inspect. Date: _____

Inspections: Once you have your license will need to make appointments with the Fire Dept., Building Dept. and the Health Dept. to finalize validation.

Fire Department 508-693-0077 / Board of Health 508-693-3554 x117 / Building Department 508-693-3554 x122

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS

The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba) _____

(Signature) _____

OFFICIAL USE ONLY

Board of Selectman Approval: _____ Date: _____ Note: _____
Copy to Assessor's Office _____ Date: _____ Note: _____

NUMBER LN-2009-0025 THE COMMONWEALTH OF MASSACHUSETTS FEE \$1,100.00

Town of Oak Bluffs

This is to Certify that King of Rentals of MV NAME

of 11 Circuit Avenue Extension ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped Rental (50), Motorcycle Rental (5), and Auto Rental (6)

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2009 unless sooner suspended or revoked.

Signature: J. W. Ross

July 14, 2009



TOWN OF OAK BLUFFS BUSINESS LICENSE FORM - B

Map 9 Lot 44
REQUIRED

OFFICIAL USE ONLY
License # <u>SA 21047</u>
Fees Paid <u>130</u>
Date <u>4/20/10</u>
Check <u>Cash</u>

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAY

Business Name: King of Roads Am LLC Physical Address: 1 Circuit Ave Ext.
Corporations Must Supply a Copy of Corporation Papers O.B. MA 02557

Applicant Name: Jason Leane Mailing Address: PO Box 1522

Applicant Phones: hm _____ cell 401-474-1173 office _____

Owner of Property: Casey Mailing Address: Emu 4

Owner Phones: hm _____ cell _____ office _____

Applicant Signature: Jason Leane Date: 4-20-10 SS# or FEIN _____

TYPE OF LICENSE: SEASONAL _____ ANNUAL _____ DATES OPEN: From: _____ To: _____

Alcohol Consumed on Premises	New	Renewal	#Seats	#Entrances	#Exits
Alcohol Not Consumed on Premises	New	Renewal	#Seats	#Entrances	#Exits
Common Victualler	New	Renewal	#Seats	#Entrances	#Exits
General Retail	New	Renewal	#Entrances	#Exits	
Inn Holder / Lodging	New	Renewal	#Rooms	#Entrances	#Exits
Transient Vender	New	Renewal	(explain)		
Entertainment	New	Renewal	Other	(explain)	

Handwritten notes: 50 Mopeds @ \$20 ea, 6 Motorcycles 300 ea, 6 Autos 300 ea, continue on back

Sign Offs:

Town Clerk: Debra Wood Date: 4/29/10 Inspect. Date: 4/11

Tax Collector: John A. Stenhouse Date: 4/20/10 Inspect. Date: _____

Inspections: Once you have your license will need to make appointments with the Fire Dept., Building Dept. and the Health Dept. to finalize validation.

Fire Department 508-693-0077 / Board of Health 508-693-3554 x117 / Building Department 508-693-3554 x122

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS

The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba)

(Signature) _____

OFFICIAL USE ONLY
Board of Selectman Approval _____ Date: _____ Note: _____
Copy to Assessor's Office _____ Date: _____ Note: _____



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION

Map 9 Lot 44
REQUIRED

License # _____
Fee Paid: \$ 500⁰⁰
Date Paid: 4/18/12
Check #/Cash 358

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: King of Rentals of mv LLC Physical Address: 11 Circuit Ave Ext. Oak Bluffs MA 02557
Corporations must supply a copy of Corporation Papers

Applicant Name: Jason Leone Mailing Address: PO Box 186 Vineyard Haven MA 02561
 Applicant Phones: hm _____ cell 401-474-1127 office 508-693-1887

Owner of Business: Jason Leone Mailing Address: same
 Owner Phones: hm _____ cell _____ office _____

Applicant Signature: Jason Leone Date: 4-18-12 SS# or FEIN: 26-2038314

TYPE OF LICENSE: SEASONAL ANNUAL DATES C _____

Alcohol Consumed on Premises	New _____ Renewal _____ #Seats _____	
Alcohol Not Consumed on Premises	New _____ Renewal _____ #Entrance _____	2,500.00**
Common Victualer	New _____ Renewal _____ #Seats _____	2,195.00 -
General Retail	New _____ Renewal _____ # _____	305.00 *
Inn Holder / Lodging	New _____ Renewal _____ #Rooms _____	
Transient Vender	New _____ Renewal <input checked="" type="checkbox"/> (explain) _____	0.00 * <i>1c/c</i>
Entertainment	New _____ Renewal _____ Other _____ (explain) _____	<i>Ken's</i> continue on back

overpaid

Sign Offs:

Town Clerk: [Signature] Date: 4/19/12

Tax Collector: [Signature] Date: 4/24/12

Waste Water: [Signature] Date: 4/19/12

PAID

4/18/12 *2,500⁰⁰
 Moped Businc *500⁰⁰
 (6) Auto Rentals 300⁰⁰
 (5) Motorcycle Rental 300⁰⁰
 (50) Mopeds 1,000⁰⁰
 Bldg Insp. 150⁰⁰
 Total 5,000⁰⁰

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS
The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedure and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba) _____

(Signature of Licensing Agent) _____

OFFICIAL USE ONLY

Board of Selectman Approval: _____ Date: _____ Note: _____

Copy to Assessor's Office _____ Date: _____ Note: _____

Stickers 121-170

NUMBER THE COMMONWEALTH OF MASSACHUSETTS FEE
LN2012-36 Town of Oak Bluffs \$1,100.00

This is to certify that King of Rentals of M.V., LLC,
NAME
of 11 Circuit Avenue Ext. (Map 9, Lot 44)
ADDRESS

IS HEREBY GRANTED A LICENSE

For Auto Rental (5 Vehicles)
Moped Rental (50)
Motorcycle Rental (5)

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2012 unless sooner suspended or revoked.

June 27, 2012

Walter W. ...



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION



Map 9 Lot 44
REQUIRED

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: King of Rentals of MA LLC Physical Address: 1 Circuit Ave Ext
Corporations Must Supply a Copy of Corporation Papers

Applicant Name: Jason Leane Mailing Address: P.O. Box 176 V.H. MA

Applicant Phones: hm 508-693-2035 cell 401-474-1177 office 508-693-1447 02568

Owner of Business: Jason Leane Mailing Address: same

Owner Phones: hm _____ cell _____ office _____

Applicant Signature: [Signature] Date: _____ SS# or FEIN 26-2038814

TYPE OF LICENSE: SEASONAL ANNUAL DATES OPEN: From: 4-1-13 To: 11-1-13

Alcohol Consumed on Premises	New	Renewal	#Seats	#Entrances	#Exits
Alcohol Not Consumed on Premises	New	Renewal		#Entrances	#Exits
Common Victualer	New	Renewal	#Seats	#Entrances	#Exits
General Retail	New	Renewal		#Entrances	#Exits
Inn Holder / Lodging	New	Renewal	#Rooms	#Entrances	#Exits
Transient Vendor	New	Renewal	(explain)		
Entertainment	New	Renewal	Other (explain) <u>rentals</u> <small>continue on back</small>		

(in Cars & motorcycle seats, Bikes)

Sign Offs:

Town Clerk: [Signature] Date: 4/30/13

Tax Collector: [Signature] Date: 4/30/13

Waste Water: [Signature] Date: 4/30/13

PAID
 4/30/13 \$2,195.00
 Chk # 206
 motorcycle 300.00
 Auto Rental 300.00
 mopeds (50) 500.00
 stickers 1,000.00
 Bicy Inse 50.00
 Totals 2,195.00

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS
 The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba)

(Signature of Licensing Agent): _____



Board of Selectman, Approval: _____ Date: _____

Copy to Assessor's Office: _____ Date: _____

IMPORTANT OVER → CERTIFICATION OF STATE TAX COMPLIANCE →

NUMBER

THE COMMONWEALTH OF MASSACHUSETTS

FEE

LN2013-27

Town of Oak Bluffs

\$1,100.00

This is to certify that King of Rentals of M V, LLC,

NAME

of 1 Circuit Avenue Extension (Map 9, Parcel 44)

ADDRESS

IS HEREBY GRANTED A LICENSE

For rental of 5 Automobiles, 5 Motorcycles and 50 Mopeds.

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2013 unless sooner suspended or revoked.

May 22, 20 13

Walter J. [Signature]



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION

Map 9 Lot 44
REQUIRE

Fee Paid:	_____
Date Paid:	_____
Check #/Cash:	_____

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: King of Rentals of MV Physical Address: 11 Oak Bluffs Ave Corporations Must Supply a Copy of Corporation Papers

Applicant Name: Jason Leone Mailing Address: P.O. Box 186

Applicant Phones: hm (508) 693-2035 cell 401-474-1137 office 508-693-1887

Owner of Business: Jason Leone Mailing Address: P.O. Box 186

Owner Phones: hm (508) 693-2035 cell 401-474-1137 office 508-693-1887

Applicant Signature: _____ Date: _____ SS# or FEIN _____

TYPE OF LICENSE: SEASONAL ANNUAL DATES OPEN: From: _____ To: _____

Alcohol Consumed on Premises	New <u> </u> Renewal <u> </u> #Seats <u> </u> #Entrances <u> </u> #Exits <u> </u>
Alcohol Not Consumed on Premises	New <u> </u> Renewal <u> </u> #Entrances <u> </u> #Exits <u> </u>
Common Victualler	New <u> </u> Renewal <u> </u> #Seats <u> </u> #Entrances <u> </u> #Exits <u> </u>
General Retail	New <u> </u> Renewal <u> </u> #Entrances <u> </u> #Exits <u> </u>
Inn Holder / Lodging	New <u> </u> Renewal <u> </u> #Rooms <u> </u> #Entrances <u> </u> #Exits <u> </u>
Transient Vendor	New <u> </u> Renewal <input checked="" type="checkbox"/> (explain) <u>mopeds, bikes, cars, motorcycles</u> ⁽⁵⁾ ⁽⁶⁾ ⁽⁵⁾
Entertainment	New <u> </u> Renewal <u> </u> Other <u> </u> (explain) <u> </u> <small>continue on back</small>

Sign Offs:

Town Clerk: Catherine Pless Date: 4/16/14

Tax Collector: [Signature] Date: 4/16/14

Waste Water: [Signature] Date: 4/16/14

PAID
6/3/14 *2,195.00
Chk # 101
Auto Rental
Motorcycle Rental
Moped Rental
Moped Stickers

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS
The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (ubo) _____

(Signature of Licensing Agent) _____

OFFICIAL USE ONLY

Board of Selectman Approval: _____ Date: _____

Copy to Assessor's Office _____ Date: _____ Note: _____

RECEIVED
Note: APR 16 2014
SELECTMEN'S OFFICE

IMPORTANT OVER → CERTIFICATION OF STATE TAX COMPLIANCE

NUMBER LM2014 THE COMMONWEALTH OF MASSACHUSETTS FEE \$ 1100.00
Town of Oak Bluffs

This is to certify that King of Rentals of MV
11, Oak Bluffs Avenue (Map 9, Lot 44)
NAME ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped License (50 Mopeds) \$500.00
Car Rentals \$300
Motorcycle Rental \$300.00

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2014 unless sooner suspended or revoked.

April 27 2015
Walter W. Bair
Kathleen Bair
Paul Bair

NUMBER

JN2015-22

THE COMMONWEALTH OF MASSACHUSETTS

Town of Oak Bluffs

FEE

\$1100.00

This is to certify that King of Rentals of MV

NAME

of 11 Oak Bluffs Avenue (Map 9, Lot 44)

ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped License \$500.00

Car Rentals \$300.00

Motorcycle Rentals \$300.00

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires Dec 31, 2015 unless sooner suspended or revoked.

May 14 20 15

Walter W. Carl
Paul Annonchian

FORM 433 HOBBS & WARREN

2015

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK.

Post to Account: N/A

ISLAND ADVENTURE RENTALS LLC
5519 GARLETTA WINDS POINT
DEERAY BEACH, FL 33446

\$ 1,460.00

07/22/2015

Microsoft Corporation
P.O. Box 7236
Sunnyvale, CA 95052-7236
1-415-366-5272
payee.micromarketing@paycom-software.com

Payable to Order
2390562758

July 22, 2015

PAY One Thousand Four Hundred Sixty and 00/100 Dollars

\$ 1,460.00

VOID 90 DAYS AFTER ISSUE
PAYELECTRONIC.COM

000010057 01 AB 0413 17 0 6/204 FL2100010057 FEPP1072315100928N00 1/2 6435301785

MEMO
#CSP01008FBAA3F8 53657415
TOWN OF OAK BLUFFS
SELECTMENS OFFICE
PO BOX 2490
OAK BLUFFS MA 02557-2490



THIS IS A BILL PAYMENT DRAFT WHICH IS DRAWN BY METAWARTE CORPORATION WITHOUT RECOURSE.



Memo: ISLAND-HOPPERS LICENCE

⑈ 2390562758⑈ ⑆ 075901480⑆ 9179001221067⑈

THE BACK OF THIS CHECK CONTAINS A SECURITY MARK - DO NOT ACCEPT WITHOUT HOLDING AT AN ANGLE TO VERIFY SECURITY MARK.

Post to Account: N/A

ISLAND ADVENTURE RENTALS LLC
5519 GARLETTA WINDS POINT
DEERAY BEACH, FL 33446

\$ 2,500.00

07/22/2015

Microsoft Corporation
P.O. Box 7236
Sunnyvale, CA 95052-7236
1-415-366-5272
payee.micromarketing@paycom-software.com

Payable to Order
2390562758

July 22, 2015

PAY Two Thousand Five Hundred and 00/100 Dollars

\$ 2,500.00

VOID 90 DAYS AFTER ISSUE
PAYELECTRONIC.COM

000010057 01 AB 0413 17 0 6/204 FL2100010057 FEPP1072315100928N00 2/2 6435301787

MEMO
#CSP01008FBAA3F8 53657415
TOWN OF OAK BLUFFS
SELECTMENS OFFICE
PO BOX 2490
OAK BLUFFS MA 02557-2490



THIS IS A BILL PAYMENT DRAFT WHICH IS DRAWN BY METAWARTE CORPORATION WITHOUT RECOURSE.



Memo: KING OF RENTALS OF MA LLC

⑈ 2390562758⑈ ⑆ 075901480⑆ 9179001221067⑈



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION

Map 9 Lot 44
REQUIRED

OFFICIAL USE ONLY	
License #	_____
Fee Paid	_____
Date Paid	_____
Check #/Cash	_____

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: King of Rentals of MV LLC Physical Address: _____
 Corporations Must Supply a Copy of Corporation Papers

Applicant Name: Jason Leare Mailing Address: _____

Applicant Phones: hm 508-693-2035 cell 401-474-1177 office 508-693-1887

Owner of Business: Ben Hall Mailing Address: _____

Owner Phones: hm _____ cell _____ office _____

Applicant Signature: [Signature] Date: 4-11-16 SS# or FEIN 26-20383141

TYPE OF LICENSE: SEASONAL _____ ANNUAL _____ DATES OPEN: From: _____ To: _____

Alcohol Consumed on Premises	New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____
Alcohol Not Consumed on Premises	New _____ Renewal _____ #Entrances _____ #Exits _____
Common Victualler	New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____
General Retail	New _____ Renewal _____ #Entrances _____ #Exits _____
Inn Holder / Lodging	New _____ Renewal _____ #Rooms _____ #Entrances _____ #Exits _____
Transient Vender	New _____ Renewal <u>/</u> (explain) <u>motorcycle, bike, car, motorcycle</u>
Entertainment	New _____ Renewal _____ Other (explain) _____ <i>continue on back</i>

Sign Offs:

Town Clerk: Laura B. Johnston Date: 5/4/16

Tax Collector: [Signature] Date: 4/14/16

Waste Water: [Signature] Date: 4/14/16

total due \$2,195.00

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS
 The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba) _____

(Signature of Licensing Agent): _____

OFFICIAL USE ONLY
Board of Selectman Approval: _____ Date: _____ Note: _____
Copy to Assessor's Office _____ Date: _____ Note: _____

IMPORTANT OVER → CERTIFICATION OF STATE TAX COMPLIANCE ←

NUMBER THE COMMONWEALTH OF MASSACHUSETTS FEE
LN2016-32 Town of Oak Bluffs \$1100.00

This is to certify that King of Rentals of MV
NAME
of 11 Oak Bluffs Avenue (Map 9, Lot 44)
ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped License \$500.00
Auto Rental License \$300.00
Motorcycle Rental License \$300.00

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires Dec 31, 2016 unless sooner suspended or revoked.

May 9 20 16

[Signature]
Walter H. Hall

-total Amount Not Paid
\$2,195.00

PAID
check 124 2121
Received dt 8/10/16

In Accordance With The Massachusetts State Building Code, Section 106, This
Fire Department 508-693-0077 Building Department 508-693-3554 x122

CERTIFICATE OF INSPECTION

issued to **OLD SIGN SHOP REALTY TR.** Certify that I have Inspected the **M-1 RETAIL MOPED, BICYCLE, MOTORCYCLE, AUTOMOBILE RENTAL STORE** known as **KING OF RENTALS MY LLC** located at **1 CIRCUIT AVENUE,** in the Town of Oak Bluffs

The Means Of Egress Are Sufficient For The Following Number Of Persons:

BY PLACE OF ASSEMBLY OR STRUCTURE

Establishment Type	Capacity	Location
B RETAIL MOPED	10	STREET LEVEL
B RETAIL MOPED	10	STREET LEVEL

[Signature]
Building Official

Full Compliance

[Signature]
Fire Official

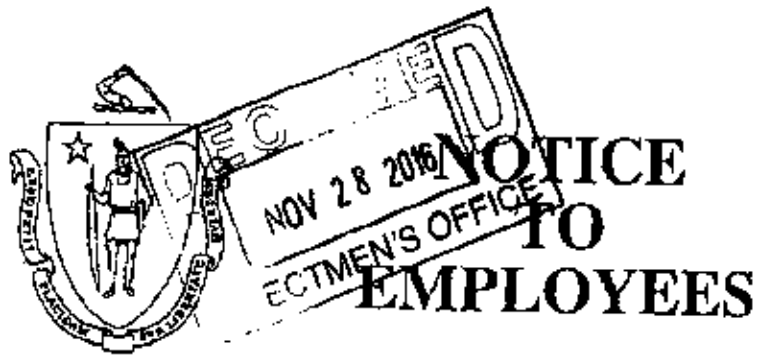
Full Compliance

CI-2016-0944
Certificate Number 06/1/2016 Date Certificate Issued 6/1/2017 Date Certificate Expires

NOT VALID UNTIL SIGNED OFF

**** A COPY OF THIS CERTIFICATE MUST BE POSTED IN CLEAR VIEW NEAR ALL ENTRANCES ****

NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS 1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017 617-727-4900

As required by Massachusetts General Law, Chapter 152, Sections 21, 22, & 30, this will give you notice that I (we) have provided payment to our injured employees under the above mentioned chapter by insuring with:

A.I.M. Mutual Insurance Company

NAME OF INSURANCE COMPANY

P.O. Box 4070 Burlington, MA 01803-0970

ADDRESS OF INSURANCE COMPANY

AWC-400-7021413-2016A

POLICY NUMBER

06/21/2016 - 06/21/2017

EFFECTIVE DATES

Durfee-Buffinton Ins Agency Inc

NAME OF INSURANCE AGENT

P O Box 2571
Fall River, MA 02721

ADDRESS

(508)679-6486

PHONE

Kings Rentals

EMPLOYER

1 Circuit Ave Extension Oak Bluffs, MA 02557

ADDRESS

06/23/2016

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NEAREST AND BEST MEDICAL FACILITY

HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter 156C)

Identification Number: 000974300

Annual Report Filing Year: 2016

1.a. Exact name of the limited liability company: KING OF RENTALS OF MV, LLC

1.b. The exact name of the limited liability company *as amended*, is: KING OF RENTALS OF MV, LLC

2a. Location of its principal office:

No. and Street: 1 CIRCUIT AVE EXTENSION
 City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 19B BEACH ROAD
P.O. BOX 186
 City or Town: VINEYARD HAVEN State: MA Zip: 02568 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

RENTALS

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JASON LEONE
 No. and Street: 19 BEACH RD.
 City or Town: TISBURY State: MA Zip: 02568 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>
MANAGER	JABON LEONE	130 CHAPLE ST. BLOCK ISLAND, RI 02807 USA
MANAGER	RICHARD P SAMPIERI	1 CIRCUIT AVE. EXT OAK BLUFFS, MA 02557 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
-------	--	---

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JASON LEONE	130 CHAPLE ST. BLOCK ISLAND, RI 02807 USA

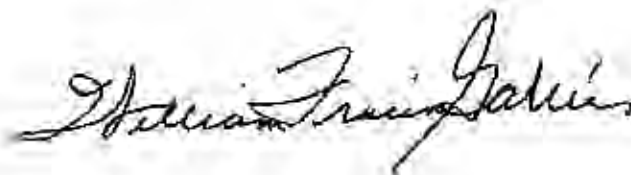
9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 5 Day of July, 2016,
RICHARD P SAMPIERI , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

July 05, 2016 09:18 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

RIDE ON MOPEDS INC.

VIOLATIONS OF BY-LAWS:

In 2004, when the By-Law was amended, the licensee was Mark A. Wallace, and the business was operating from 9 Oak Bluffs Avenue. On April 25, 2004, twelve days after the passage of the amended By-laws, a Change of Directors was filed naming Aguimar Carlos as the President, Treasurer, Clerk, and Director of the corporate entity, with a principal/street address recorded as Circuit Avenue Extension. All research indicates that after the passage of the By-law, the business was sold to Aguimar Carlos. Unless the Board of Selectmen approved this transfer in writing, this is a de facto violation of the By-law. The By-laws are unambiguous and state explicitly, "Licenses shall not be transferable, and no legal or beneficial interest in any entity holding any license shall be transferable without prior approval of the Board of Selectmen."

Additionally, as evidenced by a Change of Supplemental Information filed on June 9, 2008, which additionally named Penny Wong, John Leone and Jason Leone as Directors, an interest in the entity transferred as well. This is further evidenced by the handwritten correction to the 2009 application for moped license which added the name "Jason Leone" as applicant for the license. It should be noted that the Change of Supplemental Information is recorded as Circuit Avenue Extension being the street address.

The 2008 license was granted with a street address of 9 Oak Bluffs Avenue, as have all licenses granted since that date. Finally, and most significant, is the fact that Ride-On Mopeds has not operated out of the physical space located at 9 Oak Bluffs Avenue for several years. Although a sign remains affixed to that location, mopeds are displayed and rented from another location in clear violation of the By-Laws.

Town of Oak Bluffs information (year, name of applicant, application/issue dates)

2008	Aguimar Carlos	Application 3-2008	Issued March 28, 2008
2009	Aguimar Carlos	Application 4-2009	Issued July 14, 2009
	(added name Jason Leone)		

(It appears that all years between 2010 and 2015 had proper application and licenses filed, all submitted under Aguimar Carlos' name)

2016	Aguimar Carlos	Application 3-30-2016	Issued May 9, 2016
------	----------------	-----------------------	--------------------

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1517



CERTIFICATE OF CHANGE OF DIRECTORS OR OFFICERS OF DOMESTIC BUSINESS CORPORATIONS (General Laws, Chapter 156B, Section 53)



I, Aguimar Carlos _____, *Clerk / ~~Assistant Clerk~~

Ride-On Mopeds, Inc.

of _____
(Exact name of corporation)

Circuit Avenue Extension, Oak Bluffs, MA
(Street address of corporation in Massachusetts)

having a principal office at _____
certify that pursuant to General Laws, Chapter 156B, Section 53, a change in the directors and/or the president, treasurer and/or clerk of said corporation has been made and that the name, residential address, and expiration of term of the president, treasurer, clerk and each director are as follows:

	NAME	RESIDENTIAL ADDRESS	EXPIRATION OF TERM OF OFFICE
President:	Aguimar Carlos	122 Edgartown-Vineyard Haven Road Edgartown, MA 02539	June, 2004
Treasurer:	Aguimar Carlos	122 Edgartown-Vineyard Haven Road Edgartown, MA 02539	June, 2004
Clerk:	Aguimar Carlos	122 Edgartown-Vineyard Haven Road Edgartown, MA 02539	June, 2004
**Assistant Clerk:			
Directors:	Aguimar Carlos	122 Edgartown-Vineyard Haven Road Edgartown, MA 02539	June, 2004

RECEIVED

APR 29 2004

SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

SIGNED UNDER THE PENALTIES OF PERJURY, this 25 day of April, 2004.

Aguimar Carlos _____, *Clerk / *Assistant Clerk

*Deletes the inapplicable words.
**Please provide the name and residential address of the assistant clerk if he/she is executing this certificate of change.*



The Commonwealth of Massachusetts
William Francis Galvin

No Fee

Secretary of the Commonwealth
 One Ashburton Place, Boston, Massachusetts 02108-1512
 Telephone: (617) 727-9640

Statement of Change of Supplemental Information

(General Laws Chapter 150C), Section 2.02 AND Section 9.45 950 CMR 1.13.17)

1. Exact name of the corporation: RIDE-ON MOPEDS, INC.

2. Current registered office address:

Name:

No. and Street:

City or Town:

State:

Zip:

Country:

3. The following supplemental information has changed:

Names and street addresses of the directors, president, treasurer, secretary

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>
PRESIDENT	AGUIMAR CARLOS	122 EDGARTOWN-VINEYARD HAVEN RD. EDGARTOWN, MA 02539 USA
TREASURER	AGUIMAR CARLOS	122 EDGARTOWN-VINEYARD HAVEN RD. EDGARTOWN, MA 02539 USA
SECRETARY	AGUIMAR CARLOS	122 EDGARTOWN-VINEYARD HAVEN RD. EDGARTOWN, MA 02539 USA
DIRECTOR	AGUIMAR CARLOS	122 EDGARTOWN-VINEYARD HAVEN RD. EDGARTOWN, MA 02539 USA
DIRECTOR	PENNY WONG	122 EDGARTOWN VINEYARD HAVEN ROAD EDGARTOWN, MA 02539 USA
DIRECTOR	JASON A LEONE	9 OAK BLUFFS AVENUE OAK BLUFFS, MA 02557 USA
DIRECTOR	JOHN R LEONE	9 OAK BLUFFS AVENUE OAK BLUFFS, MA 02557 USA

___ Fiscal year end:

October

Type of business in which the corporation intends to engage:

TO OPERATE A MOPED RENTAL BUSINESS

___ Principal office address:

No. and Street:

CIRCUIT AVE., EXT

City or Town:

OAK BLUFFS

State: MA

Zip: 02557

Country: USA

___ g. Street address where the records of the corporation required to be kept in the Commonwealth are

located (post office boxes are not acceptable):

No. and Street: CIRCUIT AVE EXTENSION
City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

which is

- its principal office
 an office of its secretary/assistant secretary
 an office of its transfer agent
 its registered office

Signed by AGUIAR CARLOS, its PRESIDENT
on this 9 Day of June, 2008



The Commonwealth of Massachusetts
William Francis Galvin

No Fee

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Statement of Appointment of Registered Agent

(General Laws, Chapter 156D, Section 5.01 950 CMR 1.3.20)

1. Exact name of the corporation: RIDE-ON MOPEDS, INC.

The street address of the corporation registered office in the commonwealth and the name of the appointed registered agent at that office:

(The corporation may not appoint itself registered agent. Registered agent may be an individual, including any officer of the corporation, or a different corporation.)

Name: AGUIMAR CARLOS
No. and Street: 9 OAK BLUFFS AVENUE
City or Town: OAK BLUFFS State: MA Zip: 02557 Country: USA

The street address of the registered office of the corporation and the business address of the registered agent are identical as required by General Laws, Chapter 156D, Section 5.02 and Section 15.08.

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than *ninety days* from the date and time of filing is specified:

2/1/2012 Time: 4:00 PM

I, AGUIMAR CARLOS, registered agent of the above corporation, consent to my appointment as the registered agent of the above corporation pursuant to G. L. c. 156D, Section 5.02.

Signed by AGUIMAR CARLOS, its PRESIDENT
on this 31 Day of January, 2012

NUMBER

08-12

THE COMMONWEALTH OF MASSACHUSETTS

FEE

\$500.00

Town of Oak Bluffs

This is to Certify that Ride-On-Mopeds

NAME

of 9 Oak Bluffs Avenue

ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped (120) Rentals

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2008 unless sooner suspended or revoked.

March 28, 20 08

[Handwritten Signature]

FORM 433



HOBBS & WARREN™



TOWN OF OAK BLUFFS BUSINESS LICENSE FORM - B

Map 9 Lot 43
REQUIRED

OFFICIAL USE ONLY

License # LN-09-26

Fee Paid: 2,900⁰⁰

Date Paid: 5/18/09

Check #/Cash _____

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAY

Business Name: Ride On Imports Inc Physical Address: 9 OAK BLUFFS AV
Corporations Must Supply a Copy of Corporation Papers

Applicant Name: Osvaldo Carlos Mailing Address: PO Box 2057
JASON Leone

Applicant Phones: hm 693-8328 cell 774-563-1048 office 693-2076

Owner of Property: Dreamland Realty Mailing Address: PO Box 2057 OB

Owner Phones: hm _____ cell 508-889-4834 office _____

Applicant Signature: [Signature] Date: 4.09.09 SS# or FEIN 04 2764245

TYPE OF LICENSE: SEASONAL ANNUAL _____ DATES OPEN: From: April To: October

Alcohol Consumed on Premises New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____

Alcohol Not Consumed on Premises New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____

Common Victualler New _____ Renewal _____ #Seats _____ #Entrances _____ #Exits _____

General Retail New _____ Renewal _____ #Entrances _____ #Exits _____ (1-120)

Inn Holder / Lodging New _____ Renewal _____ #Rooms _____ #Entrances _____ #Exits _____

Transient Vender New _____ Renewal _____ (explain) _____

Other New _____ Renewal _____ (explain) moped & bicycle rental
(120)

Sign Offs:

Town Clerk [Signature] Date: 4/10/09 Inspect. Date: _____

Tax Collector [Signature] Date: 4/10/09 Inspect. Date: _____

Inspections: Make Appointments For The Following Inspections To Be Completed Prior to Opening.

Fire Department 508-693-0077 / Board of Health 508-693-3554 x117 / Building Department 508-693-3554 x122

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS

The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba)

(Signature) _____

OFFICIAL USE ONLY

Board of Selectman Approval: _____ Date: _____ Note: _____

Copy to Assessor's Office _____ Date: _____ Note: _____

IMPORTANT OVER → CERTIFICATION OF STATE TAX COMPLIANCE ←

NUMBER

LN-2009-0026

THE COMMONWEALTH OF MASSACHUSETTS

FEE

\$500.00

Town of Oak Bluffs

This is to Certify that Ride On Mopeds

of 9 Oak Bluffs Avenue

NAME

ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped Rental (120)

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires December 31, 2009

unless sooner suspended or revoked.

July 14, 2009

Handwritten signature: J. Thomas Ross

LN 2016-31



TOWN OF OAK BLUFFS BUSINESS LICENSE APPLICATION

Map 9 Lot 43
REQUIRED

OFFICIAL USE ONLY	
License #	_____
Fee Paid:	_____
Date Paid:	_____
Check #/Cash	_____

THIS FORM MUST BE COMPLETE TO AVOID PROCESSING DELAYS

Business Name: RINE ON MOPEDS **Physical Address:** 9 OAK BLUFFS AVE OAK BLUFFS
Corporations Must Supply a Copy of Corporation Papers

Applicant Name: ROUIMAR CARLOS **Mailing Address:** PO BOX 2515 OAK BLUFFS MA 02557

Applicant Phones: hm 508 693 8328 cell 774 563 1048 office 508 693 2076

Owner of Business: ROUIMAR CARLOS **Mailing Address:** PO BOX 2515 OAK BLUFFS MA 02557

Owner Phones: hm 508 693 8328 cell 774 563 1048 office 508 693 2076

Applicant Signature: [Signature] **Date:** 4/26/2016 **SS# or FEIN** 04-2764245

TYPE OF LICENSE: SEASONAL ANNUAL **DATES OPEN:** From: _____ To: _____

Alcohol Consumed on Premises	New ___ Renewal ___ #Seats ___ #Entrances ___ #Exits ___
Alcohol Not Consumed on Premises	New ___ Renewal ___ #Entrances ___ #Exits ___
Common Victualler	New ___ Renewal ___ #Seats ___ #Entrances ___ #Exits ___
General Retail	New ___ Renewal ___ #Entrances ___ #Exits ___
Inn Holder / Lodging	New ___ Renewal ___ #Rooms ___ #Entrances ___ #Exits ___
Transient Vender <u>MOPED & BICYCLE RENTAL</u>	New ___ Renewal ___ (explain) <u>Renewal</u> <input checked="" type="checkbox"/>
Entertainment	New ___ Renewal ___ Other ___ (explain) <small>continue on back</small>

Sign Offs:

Town Clerk Catherine K Pleszy Date: 4/26/16

Tax Collector [Signature] Date: 4/14/16

Waste Water: [Signature] Date: 4/14/16

\$ 2995 PD
Check # 1219
\$500. Moped
\$2400. stickers
\$30. B
\$45. F

YOUR LICENSE IS THE PROPERTY OF THE TOWN OF OAK BLUFFS
The undersigned business owner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures. Signed under the penalties of perjury, I hereby apply for a license as owner of, (dba) _____

(Signature of Licensing Agent): _____

OFFICIAL USE ONLY		
Board of Selectman Approval:	Date:	Note:
Copy to Assessor's Office	Date:	Note:

NUMBER

LN2016-31

THE COMMONWEALTH OF MASSACHUSETTS

Town of Oak Bluffs

FEE

\$500.00

This is to certify that Ride On Mopeds Inc.

NAME

Of 9, Oak Bluffs Avenue (Map 9, Lot 43)

ADDRESS

IS HEREBY GRANTED A LICENSE

For Moped Rentals - \$500.00

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires Dec 31, 2016 unless sooner suspended or revoked.

May 9 20 16

[Signature]
Walter W. Paul

**THE SUPERVISED TEST DRIVE ON THE ON-PREMISE UNOBSTRUDED
TRAINING TRACK**

While the Committee believes that there is sufficient evidence to deem the prior licenses by the three businesses to be void and to deny the further issuance of moped rental licenses to Island Hoppers, King of Rentals and Ride-On Mopeds, all three continue to be in violation of Paragraph 7 of the regulations.

7. Each licensee shall be responsible for instructing every operator in the proper method of operation of the vehicle including *providing a supervised test drive on the licensee's on-premises unobstructed training track which shall be at least 50 feet long and 25 feet wide*. The Board of Selectmen may *waive the training track requirement upon written petition by the licensee setting forth spatial limitations and a proposal for an alternative training program*.

According to our research in Town files, there was nothing in writing in any file found that requested or granted any kind of waiver from the on-premise training track. This has been an ongoing question posed to the Board of Selectmen by our Committee since September 2016, and it has been raised by the Planning Board in respect to whether these three businesses are operating on town property since the test drives take place on crowded Town roads around the harbor and the busiest and most congested intersections on the island. We do not believe that the existing moped rental business should be exempt from this very important health and safety requirement.

Prior to submitting this complaint, MADAC contacted both the Massachusetts Attorney General and the Secretary of the Commonwealth to inquire specifically about the process for a town governing body to waive or exempt licensees from mandatory regulations set forth in duly promulgated ordinances and/or by-laws. Attorneys from both state agencies opined that local governing bodies cannot sua sponte create exemptions or waivers, without doing so in a public forum similar to a party requesting a variance from a zoning ordinance. We further inquired whether upon the promulgation and subsequent submission to the Attorney General for approval of a town's amended by-laws, would a town need to request that existing licensees be exempted or "grandfathered" from the newly approved regulations. The Attorney General reported that it would be necessary to have written documentation of the intent to exempt existing licensees filed with the By-laws for an exemption to be valid but that, ultimately, it was a question for the Town to answer, requiring an answer from the Town.

As stated in Chapter XV SELECTMEN (B) (3) Be the *only regulation enforcers and appointing and licensing authority of the Town*, except where federal laws and/or state or Town regulations dictate otherwise (emphasis added). We implore you to act accordingly and find that all three businesses identified in this complaint, Island Hoppers, King of Rentals and Ride-On Mopeds, have been in continuous violation of the By-Laws Mopeds/Motor Scooters. You publicly admitted at the November 29, 2016 Selectmen's meeting your past failings in following your own Town By-laws. You also said that you intend to do your best moving forward. We ask that you deem the licenses of Island Hoppers, King of Rentals of MV, and Ride-On Mopeds to be null and void under Paragraph 4, and that you do not issue further licenses to these entities.

Respectfully,

Nicole Friedler Brisson
Timothy S. Rich, Chairman
Lisa Holley
Laurisa Rich
Sam Feldman
Mopeds Are Dangerous Action Committee