

RECEIVED  
JAN 24 2022  
SOUTH WINDSOR PLANNING DEPT.



**TOWN OF SOUTH WINDSOR  
ZONING BOARD OF APPEALS  
MOTOR VEHICLE LICENSE LOCATION APPLICATION**

ZBA Application Number: 2853-22 Munis Number: \_\_\_\_\_

\_\_\_\_ New Car Dealer \_\_\_\_ Used Car Dealer ☒ General Repairer \_\_\_\_ Limited Repairer

**APPLICANT** (please print):

Name: Christopher Davis  
Address: 131 Old County Rd Apt A5  
Windsor Locks, CT 06096  
Telephone: 347 241-4554 info@fleetassistct.com

**PROPERTY OWNER** (please print):

Name: Charbonneau F.I.T.  
Address: 125 Edwin Road  
South Windsor, CT 06074  
Telephone: 860 528 7551

**SITE Name/Address:** 1245 John Fitch Blvd. Unit 16 South Windsor, CT  
06074

**ZONE:** Industrial **GIS PIN:** \_\_\_\_\_

**South Windsor Planning & Zoning Commission site plan approval date:** \_\_\_\_\_

**\*Attach a copy of the approval to this application.**

**APPLICANT SIGNATURE:** [Signature] **DATE:** 1/21/22

**PROPERTY OWNER SIGNATURE:** [Signature] **DATE:** 1-21-22

**Submission Requirements:** Site Plan in accordance showing the requirements for the Department of Motor Vehicle licensing.

**Application Fee: \$190.00** (Check to be made payable to the "Town of South Windsor")

**ACTION OF BOARD:** \_\_\_\_\_ **Approval Date** \_\_\_\_\_ **Denial Date** \_\_\_\_\_

Proposed location →

1265 John Fitch Blvd  
STE 16

1265 John Fitch Blvd

John Fitch Blvd RT 5



STATE OF CONNECTICUT  
**DEPARTMENT OF REVENUE SERVICES**  
**Tax Permit**

ML603

Rev. 08/21

CT Tax Registration No.: 083627851-001  
Letter ID: L0001811197  
Date Issued: January 26, 2022

FLEET ASSIST LLC  
FLEET ASSIST  
1265 JOHN FITCH BLVD  
STE 16  
SOUTH WINDSOR CT 06074-2456



mL603

Dear Taxpayer,

Attached is your Sales & Use tax permit. Please display it conspicuously for your customers to see. Any permit previously issued by the Connecticut Department of Revenue Services (DRS) for the specific location noted on this permit is now void and should be destroyed.

Any change in ownership or form of organization requires a new permit. If your business is sold, transferred, or discontinued, return this permit at once to:

Department of Revenue Services  
450 Columbus Blvd.  
Suite 1  
Hartford, CT 06103

Enter the last day of business and the name of the successor, if applicable, on the back of the permit. Sign the permit as indicated.

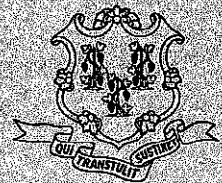
Business and individual taxpayers can use **myconneCT** to file a variety of tax returns, update account information, and make payments online.

**This Tax Permit is valid for two years.**

**You may not assign or transfer this permit. Display this permit conspicuously for your customers to see.**

Department of Revenue Services  
State of Connecticut  
450 Columbus Blvd.  
Suite 1  
Hartford, CT 06103

**Sales & Use  
Tax Permit**



The person named below is licensed under the Sales & Use Tax Act.  
This permit is good **only** for the named permittee and at the location shown.  
If there is any change in ownership, the permit is null and void.

Use only at this location:

FLEET ASSIST LLC  
FLEET ASSIST  
1265 JOHN FITCH BLVD  
STE 16  
SOUTH WINDSOR CT 06074-2456

Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number
01/26/2022	02/28/2023	03/27/2021	083627851-001

FLEET ASSIST LLC  
FLEET ASSIST  
1265 JOHN FITCH BLVD  
STE 16  
SOUTH WINDSOR CT 06074-2456

**This license may not be transferred or assigned.**

Mark D. Boughton  
Commissioner of Revenue Services

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Express Certificate

Date Issued: July 29, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

### Business Details

Business Name	FLEET ASSIST, LLC
Business ALEI	US-CT.BER:1382030
Formation Date	03/11/2021



Secretary of the State

Business ALEI: US-CT.BER:1382030

Certificate Number: C-00004114

Note: To verify this certificate, visit <http://www.business.ct.gov>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/05/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> BIBERK P.O. Box 113247 Stamford, CT 06911	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No. Ext):</b> 844-472-0967	<b>FAX (A/C, No):</b> 203-654-3613	
<b>INSURED</b> Fleet Assist LLC  1265 John Fitch Boulevard ste 16 South Windsor, CT 06074	<b>E-MAIL ADDRESS:</b>	customerservice@biBERK.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
	<b>INSURER A:</b>	Berkshire Hathaway Direct Insurance Company	<b>NAIC #</b> 10391
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		N9BP081677	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER:					\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>					AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					\$
	DED RETENTION \$					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
	<b>Professional Liability (Errors &amp; Omissions): Claims-Made</b>					Per Occurrence/Aggregate

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
christopher davis 1265 John Fitch Blvd s 16 South Windsor, CT 06074	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
02/05/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b>  BIBERK P.O. Box 113247 Stamford, CT 06911		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (844) 472-0967 FAX (A/C, No): (203) 654-3613 E-MAIL: salessupport@biberk.com ADDRESS: PRODUCER CUSTOMER ID:	
<b>INSURED</b>  Fleet Assist LLC 1265 John Fitch Boulevard ste 16 South Windsor, CT 06074		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Berkshire Hathaway Direct Insurance Compa INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Location: 1265 John Fitch Boulevard, ste 16 South Windsor, CT 06074  
Bldg #001: Auto Repair - 1007303

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
X	PROPERTY	N9BP081677	09/01/2021	09/01/2022	BUILDING	\$ 0
	CAUSES OF LOSS				PERSONAL PROPERTY	\$ 30,000
	BASIC				BUSINESS INCOME	\$ *
	BROAD				EXTRA EXPENSE	\$ *
X	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$ n/a
	WIND				BLANKET PERS PROP	\$ n/a
	FLOOD				BLANKET BLDG & PP	\$ n/a
						\$
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$
	NAMED PERILS					\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\* ALS up to 12 months.

**CERTIFICATE HOLDER** **CANCELLATION**

christopher davis 1265 John Fitch Blvd s 16 South Windsor, CT 06074	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



Connecticut Department of  
Energy & Environmental Protection

## Referral Sheet for Department of Motor Vehicles (DMV) Dealer/Repairer or Recycler Application

1. Facility Legal Name: Fleet Assist, LLC

Location Address: 1265 John Fitch Blvd STE 16

City/Town: South Windsor

Business Phone: 860 718-1339

Contact Person: Christopher Davis

E-mail: info@fleetassistct.com

State: CT

Zip Code: 06074

ext.:

Phone: 347 241-4554 ext.

2. Applicant Name: Christopher Davis

Mailing Address: 131 Old County Rd Apt A5

City/Town: Windsor Locks

Business Phone:

Contact Person: Same as above

E-mail: Same as above

State: CT

Zip Code: 06096

ext.:

Phone: Same as above ext.

3. Facility Operations: Check those operations listed below that are applicable to your facility.

☐ Vehicle Washing

☐ Steam Cleaning

☐ Engine Degreasing

☒ Oil Change

☐ Floor Washing or Incidental Vehicle Drillage

☐ Parts Washing

☐ Transmission Fluid Change

☐ Radiator Coolant Change

☐ Vehicle Dismantling or Crushing

☐ Radiator Cleaning

☐ Tire Puncture Testing

☐ Other (specify) \_\_\_\_\_

4. Shop Wastewater

Do you have open floor drains? ☐ Yes ☒ No

If Yes, attach a copy of your DEEP General Permit for the Discharge of Vehicle Maintenance Wastewater Certificate to this completed referral sheet and submit it with your Department of Motor Vehicles (DMV) application.

If No, a DEEP vehicle maintenance wastewater general permit certificate is not required with your DMV application.

Note: It is illegal to discharge any wastewater from your facility to the ground, a septic system, surface waters, or a storm drain. As an alternative, a holding tank may be used for the collection of treated wastewater for disposal by a permitted waste transporter. (For a list of permitted waste transporters, see [www.ct.gov/deep/hazardouswaste](http://www.ct.gov/deep/hazardouswaste) or call DEEP at 860-424-3023.)



# Referral Sheet for DMV Application (continued)

## 5. Stormwater

- A. Are you a new or used car dealer "with five (5) acres or more of contiguous impervious surface" (Impervious surface means roof area, paved or cemented walk, parking area, driveway, roadway and any other non-natural surface where stormwater cannot percolate into the ground)?
- ☐ Yes ☒ No

If Yes, please attach a copy of your DEEP General Permit for the Discharge of Stormwater Associated with Commercial Activity Certificate to this completed referral sheet and submit it with your DMV application.

- B. Are you a vehicle dismantler? ☐ Yes ☒ No

If Yes, please attach a copy of your DEEP General Permit for the Discharge of Stormwater Associated with Industrial Activity Certificate to this completed referral sheet and submit it with your DMV application.

Note: Information and copies of all of the above mentioned general permits can be found on the DEEP website at [www.ct.gov/deep/waterdischargepermitapps](http://www.ct.gov/deep/waterdischargepermitapps). If you have any questions about whether you are required to obtain these permits, please call DEEP's Water Permitting & Enforcement Division at (860) 424-3025.

## 6. Used Oil

Will you generate used oil at your facility? ☒ Yes ☐ No

If Yes, you must make arrangements with a waste oil hauler that is permitted by DEEP to pick up your used oil. Please provide the name and DEEP permit number of your hauler:

Name of Waste Oil Transporter Safety Kleen  
DEEP Permit #: CTHW323

In addition, attach a letter of intent from your waste oil transporter to this completed referral sheet and submit it with your DMV application. The letter must list your name and address and indicate that the transporter intends to pick up your waste oil and properly recycle it.

Note: For a list of permitted waste transporters, see [www.ct.gov/deep/hazardouswaste](http://www.ct.gov/deep/hazardouswaste) or call DEEP at 860-424-3023.

I hereby certify, under the penalty of law that this document and all attachments are true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature of Applicant

1/21/22  
Date Signed

Information on environmental regulations and pollution prevention for vehicle repair and body shops can be found on the DEEP website at [www.ct.gov/deep/pitstops](http://www.ct.gov/deep/pitstops).

Subscribed and Sworn to before me,  
a Notary Public, in and for the County  
Hartford and State of Connecticut,  
this 21st day of JANUARY, 2022.

KAC Stahl  
Notary Public  
My Commission Expires 07/31/2023





Date: 1/24/22

DEPARTMENT OF MOTOR VEHICLES  
60 State Street  
Wethersfield, CT 06109

Dear Sir or Madam:

Safety-Kleen Oil Services, Inc. collects used oil in the State of Connecticut utilizing permit number CT HW 323.

We Have been contracted to remove used oil from the premises of:

Fleet Assist LLC  
1265 John Fitch Blvd, Unit 16  
South Windsor, CT 06074

Safety-Kleen Oil Service, Inc. abides by public act number 765 of The State of Connecticut. Our services will be required by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event of a termination of services or expiration of contract without renewal, Safety-Kleen Oil Services, Inc. shall provide a termination letter to the Department of Motor Vehicles indicating the dis-continuance of services.

Safety-Kleen Systems, Inc.  
224 East Main Street  
West Brookfield, Ma 01585

OUR EPA ID # is  
TXR000081205

David Laurani  
D Laurani

**CERTIFICATE OF ADOPTION OF TRADE NAME**  
**To be filed with the Town Clerk**



Doc ID: 002882380001 Type: LAN

BK **2927** PG **63**

To the Town Clerk of the Town of SOUTH WINDSOR, CT.

I am conducting and transacting business in said Town of South Windsor under the full name of: **Fleet Assist LLC**

Type of Business: **Automotive Garage**

The Post Office address is: **1265 John Fitch Blvd, Suite 16, South Windsor, CT 06074**

The full name of every person conducting or transacting said business, together with the post-office address of each said person is as follows:

NAME: **Christopher Davis**

Address: **131 Old County Rd, Apt. A-5  
Windsor Locks, CT 06096**

NAME:

Address:

NAME:

Address:

Signature:

Signature:

Signature:

Christopher Davis

State of Connecticut)

ss: South Windsor

Date: January 21, 2022

County of Hartford

Personally appeared **Christopher Davis**  
who subscribed and swore to the truth of the foregoing certificate, and acknowledged that  
he executed the same, before.

Asst

Received and filed on: \_\_\_\_\_

Time: Received for Record at South Windsor, CT  
On 01/21/2022 At 11:48:34 am

\_\_\_\_\_  
  
South Windsor, CT Town Clerk (Asst)

37 ft

← GARAGE  
The entire Unit  
is 2500 Square  
Feet in which  
80% is garage  
space  
↓

Entrance To Garage

Bath Room  
5.5x6 FT

OFFICE 13x13 FT

Stair way that leads  
To parts storage  
Area located directly  
above the office

55 ft

Entrance To office

Hallway  
4.5x4 FT

Entrance To Garage

Main  
Entrance

500 Gallon  
Waste Oil  
Retention Tank

Overhead Garage  
Door