



A SPARTAN MOTORS BRAND

810 W 47th St. Snyder, NE 68964 | P: 402.868.2224
SMEAL.COM

PROPOSAL (General)

Date: 01/07/2019

TO: Millbrook FD

35 Merritt Avenue, Millbrook, NY 12545

Dear Sirs:

We hereby propose and agree to furnish, after your acceptance of this proposal and the proper execution and approval of award of bid, the following apparatus and equipment:

One (1) 2019 Smeal Custom Pumper with a trade in of the 1998 FL/E-one pumper.

Chassis to be paid for upon delivery to SFA.

Balance due upon delivery to MFD.

Four Hundred ninety nine thousand and eight hundred thirty four

Dollars

Dollars 499,834

All of which are to be built in accordance with the Smeal proposed specifications attached, and which are made a part of this proposal agreement, to deliver same 360-390 calendar days after date of receipt and approval of all submitted documents affiliated with order placement with Smeal Holding LLC., properly executed, subject to all causes beyond our control.

The amount named in this proposal shall remain firm for a period of 23 days from the date of same. All state and local taxes are included above figure. Any and all additional applicable taxes are to be paid by customer upon registration and licensing of vehicle. It is understood by both the Seller and the Buyer that *Change Orders* executed after contract acceptance may delay delivery. It is understood by both the buyer and the seller that *Change Orders* executed after contract acceptance may increase or decrease the price. The purchase price herein is based upon all applicable state and federal manufacturing law, regulations, orders, mandates and standards in effect as of the date of this Agreement (hereinafter "Standards") such as, for example, the Standards mandated by the National Fire Protection Association, tentative interim amendments to the National Fire Protection Association Standard, Underwriters Laboratories of Canada, and the Environmental Protection Agency. The purchase price shall be subject to increase due to any state or federal Standards that are adopted, issued or mandated following the date of this Agreement that require the apparatus(es) described above to be manufactured and/or delivered in compliance with such Standard(s).

CNA SURETY

BID BOND (Percentage)

BOND No: Bid Bond

KNOW ALL PERSONS BY THESE PRESENTS, That we Smeal Holding, LLC
of 610 W. 4th Street, Snyder, NE 68664

, hereinafter referred to as the Principal, and

Western Surety Company

333 S. Wabash Ave., Chicago, IL 60604

as Surety, are held and firmly bound unto

Village of Millbrook

35 Merritt Ave.

Millbrook, NY 12545

of

, hereinafter referred to as the Obligee, in the amount of

Ten Percent of Amount Bid

(10% of amount bid), for the payment of which we bind ourselves, our legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Obligee on a contract for

1 - Smeal 2000 G.P.M. Side Mount Midship Pumper and Accessories
mounted on

1 - Spartan Metro Star MFD Custom Chassis as per specifications.

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or contract documents with surety acceptable to Obligee provided; or if Principal shall fail to do so, pay to Obligee the damages which Obligee may suffer by reason of such failure not exceeding the penalty of this bond, then this obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED, AND DATED this 8th day of January, 2019.

Principal

Smeal Holding, LLC

BY: 

Surety

Western Surety Company

BY: 

Justin Haan, Attorney-in-Fact

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Max B Van Wyk, Patricia A Zuk, Linda L De Vries, Alison L Van Wyk, Justin Haan, Individually

of Grand Rapids, MI, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 27th day of October, 2016.



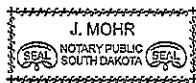
WESTERN SURETY COMPANY

Paul T. Bruflat
Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 27th day of October, 2016, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires
June 23, 2021



J. Mohr
J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 8th day of January, 2019.



WESTERN SURETY COMPANY

L. Nelson
L. Nelson, Assistant Secretary

NON-COLLUSION CERTIFICATION

By submission of a Bid proposal in response to this Request for Bids each vendor and each person signing on behalf of any vendor certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- 1) The prices in this proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other vendor or with any competitor;
- 2) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the vendor prior to opening, directly or indirectly, to any other vendor or to any competitor; and
- 3) No attempt has been made or will be made by the vendor to induce any other person, partnership, or corporation to submit or not to submit a proposal for the purpose of restricting competition.

Name of Firm: New England Fire Equipment & Apparatus Corporation

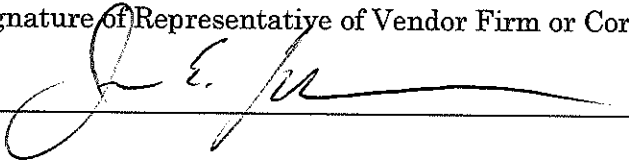
Address of Firm: 10 Stillman Road

North Haven, CT 06473

Telephone: 203-239-5678

By: James E Feehan

Signature of Representative of Vendor Firm or Corporation:



Print or Type Name of Representative of Vendor Firm or Corporation

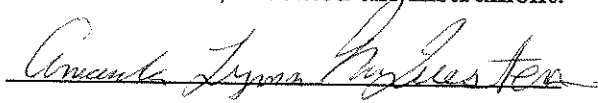
James E Feehan

STATE OF Connecticut)

COUNTY OF New Haven)

SS.:

On the 7th day of January, 2019, before me, the undersigned, a Notary Public in and for said State, personally appeared James E Feehan, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



NOTARY PUBLIC

AMANDA LYNN MCQUESTEN
NOTARY PUBLIC
State of Connecticut
My Commission Expires July 31, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

PRODUCER Scott Insurance 3151 Main Street Stratford CT 06614-4815 INSURED New England Fire Equipment & Apparatus Corporation 10 Stillman Road North Haven CT 06473	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Maureen Doherty</td> </tr> <tr> <td>PHONE (A/C No, Ext): (203) 375-5847</td> <td>FAX (A/C, No): (203) 378-9335</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: mdoherty@scottinsurance.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td style="width: 80%;">INSURER A Arch Insurance Company</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B AIG Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Maureen Doherty		PHONE (A/C No, Ext): (203) 375-5847	FAX (A/C, No): (203) 378-9335	E-MAIL ADDRESS: mdoherty@scottinsurance.com		INSURER(S) AFFORDING COVERAGE		INSURER A Arch Insurance Company	NAIC #	INSURER B AIG Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																					
INSURER E:																					
INSURER F:																					

COVERAGES **CERTIFICATE NUMBER: CL156204322** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		MFPPK08554501	5/31/2015	5/31/2016	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							Employee Benefits Liability \$ 1,000,000	
A	AUTOMOBILE LIABILITY			MFCA08348101	5/31/2015	5/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO	X					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$
								Underinsured motorist \$ 100,000
				EACH OCCURRENCE \$ 3,000,000				
A	<input type="checkbox"/> UMBRELLA LIAB	X		MFUM07988601	5/31/2015	5/31/2016	AGGREGATE \$ 3,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	019609861	5/28/2015	5/28/2016	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER	
	<input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
								E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER	CANCELLATION 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 M Doherty, Acct. Exec <i>Maureen A Doherty</i>
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STATE OF CONNECTICUT
 DEPARTMENT OF MOTOR VEHICLES
 60 STATE STREET, WETHERSFIELD, CT 06161
 DEALERS & REPAIRERS SECTION

LICENSE NO.:

KNOW ALL MEN BY THESE PRESENT:

Effective Date: May 5, 2008

SURETY BOND INFORMATION	<input checked="" type="checkbox"/> \$20,000 M. V. Dealer	<input type="checkbox"/> \$5,000 M. V. REPAIRER/LIMITED REPAIRER	<input type="checkbox"/> \$10,000 LEASING OR RENTAL CO.	SURETY BOND NO. 70506408
	FULL NAME OF LICENSEE AS PRINCIPAL (Name Must Appear Exactly as in Records of DMV) <u>New England Fire Equipment & Apparatus Corp.</u>			DEALER/REPAIRER/LEASING LIC. NO. (If Currently Lic. by DMV)
LICENSEE AS PRINCIPAL	ADDRESS No. and Street <u>10 Stillman Rd., North Haven, CT 06473</u>			City or Town State Zip Code
SURETY COMPANY	FULL NAME OF SURETY COMPANY <u>WESTERN SURETY COMPANY</u>			
	ADDRESS No. and Street <u>101 South Phillips Avenue</u>			City or Town <u>Sioux Falls, South Dakota</u>
	STATE UNDER WHOSE LAWS CORPORATION ORGANIZED AND EXISTING <u>South Dakota</u>			State Zip Code <u>57104-6703</u>

The above Surety, as duly authorized by law to become surety on bonds of the State of Connecticut, and the above Principal are held and firmly bound unto the State of Connecticut in the sum as so specified above to be paid to the State of Connecticut, to which payment the Principal and Surety do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and each and every one of them, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT:

WHEREAS, the Principal is an applicant or licensee under the purview of Section 14-52 or Section 14-15, Connecticut General Statutes, and, WHEREAS, pursuant to the provisions of Section 14-52(b) or Section 14-15, Connecticut General Statutes, the Principal has been required, as a condition to his licensure, to furnish the Commissioner of Motor Vehicles a bond satisfactory to him in the amount of either \$20,000 in the case of a motor vehicle dealer or \$5,000 in the case of a motor vehicle repairer or limited repairer, or \$10,000 in the case of a motor vehicle leasing or renting company conditioned upon the applicant or licensee complying with the provisions of any State or Federal law or regulation relating to the conduct of such business and provided as indemnity for any loss sustained by any person by reason of any acts of the licensee constituting grounds for suspension or revocation of the license or such licensee going out of business. Such bond shall be executed in the name of the State of Connecticut for the benefit of any aggrieved party, but the penalty of the bond shall not be invoked except upon order of the Commissioner of Motor Vehicles after a hearing held before him in accordance with the provisions of Chapter 54 of the Connecticut General Statutes. This bond shall cover acts and omissions occurring during the period of the license granted to the Principal. The aggregate liability under this bond shall not exceed the penal amount.

NOW THEREFORE, if the above bounden Principal shall conduct the business in full compliance with State and Federal law and regulations relating to the conduct of said business, then this obligation shall be null and void; otherwise to remain in full force and effect.

The Signature of Principal and Surety must be witnessed by two witnesses each. A current Power of Attorney for the Surety's attorney-in-fact must be attached to this bond.

SIGNATURE OF PRINCIPAL	PRINTED NAME AND TITLE OF PRINCIPAL'S SIGNER
SIGNATURE OF FIRST WITNESS OF PRINCIPAL	PRINTED NAME OF WITNESS OF PRINCIPAL
SIGNATURE OF SECOND WITNESS OF PRINCIPAL	PRINTED NAME OF WITNESS OF PRINCIPAL
SIGNATURE OF ATTORNEY-IN-FACT OF SURETY <i>Paul T. Bruffat</i>	PRINTED NAME OF ATTORNEY-IN-FACT OF SURETY Paul T. Bruffat, Senior Vice President
SIGNATURE OF FIRST WITNESS OF SURETY <i>A. Victor</i>	PRINTED NAME OF WITNESS OF SURETY A. Victor, Assistant Secretary
SIGNATURE OF SECOND WITNESS OF SURETY <i>L. Nelson</i>	PRINTED NAME OF WITNESS OF SURETY L. Nelson, Assistant Secretary

IN WITNESS WHEREOF, the Principal and Surety have signed and sealed this instrument on

DAY: 2nd

MONTH: May

YEAR: 2008



MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
CHI-000980352-03

PRODUCER
MARSH USA INC.
SUITE 700
200 OTTAWA AVE., N.W.
GRAND RAPIDS, MI 49503

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

400,53--03-04

INSURED
SPARTAN MOTORS
1165 REYNOLDS ROAD
CHARLOTTE, MI 48813

COMPANIES AFFORDING COVERAGE

- COMPANY
A NAUTILUS INSURANCE COMPANY
- COMPANY
B N/A
- COMPANY
C AXIS Specialty Insurance Company
- COMPANY
D MAXUM INDEMNITY CO.

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BK00101240	11/01/04	11/01/05	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> BROAD FORM VENDORS				FIRE DAMAGE (Any one fire) \$ N/A
					MED EXP (Any one person) \$ N/A
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> SCHEDULED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
C	EXCESS LIABILITY	AAU70463504 - \$5,000,000	11/01/04	11/01/05	EACH OCCURRENCE \$ 30,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM	EXC600076802 - \$5,000,000	11/01/04	11/01/05	AGGREGATE \$ 30,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM	MEW7756330 - \$20,000,000	11/01/04	11/01/05	
D E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			EL EACH ACCIDENT \$
		<input type="checkbox"/> EXCL			EL DISEASE-POLICY LIMIT \$
	OTHER				EL DISEASE-EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

NEW ENGLAND FIRE EQUIPMENT & APPARATUS CORP
10 STILLMAN ROAD
NORTH HAVEN, CT 06473

CANCELLATION

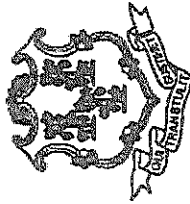
SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

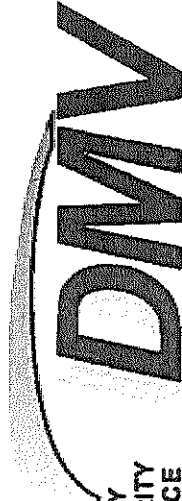
By: James Dawdy

MM1(3/02)

VALID AS OF: 11/03/04



**SAFETY
SECURITY
SERVICE**



STATE OF CONNECTICUT
Department of Motor Vehicles
60 State Street, Wethersfield, CT 06109

License Number

N2564

Effective: November 1, 2017
Expiration: October 31, 2019

NEW ENGLAND FIRE EQUIP & APPRTUS CO
10 STILLMAN RD
NORTH HAVEN, CT 06473

New Dealer

Authorized Makes
PL CUSTOM EM/RESCU, SMEAL

NON TRANSFERABLE. If business is sold, transferred, or discontinued, return this license and current number plates to Department of Motor Vehicles.