

85 AUTOS

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 12/29/10 - MS

Amount Paid \$500.00 ck#4872

☐ New Application

Check one: ☒ Class 1 ☐ Class 2 ☐ Class 3

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business Name: Doms Motor Service Inc. DBA Riverside Phone: 617-628-6400

Business DBA Name (if applicable): Riverside

Address with Zip Code: 2 Union Sq. Somerville MA 02143

Tax Identification Number: 042 370 325 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to):

Address with Zip Code:

Property Owner Name: Carlo Maugini-Hansen Phone:

Address with Zip Code: 7 Poe Rd. Billerica MA 01821

Emergency Contact 1: Phone:

Emergency Contact 2: Phone:

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Carlo Maugini-Hansen

Address with Zip Code: 7 Poe Rd. Billerica MA 01821

Partner's/Member's/Secretary's Name: Gerardo Fabrizio Jr.

Address with Zip Code: 34 Indian Rock Dr. Saugus MA 01906

Partner's/Member's/Treasurer's Name: Gerardo Fabrizio

Address with Zip Code:

2010 DEC 29 A 9:42
CITY CLERK'S OFFICE
SOMERVILLE, MA

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

Y ☒ N ☐

Is your principal business the sale of new motor vehicles?

Y ☒ N ☐

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?

Y ☒ N ☐

If yes, provide the name of the manufacturer(s): Kawasaki, Yamaha, Ducati, Triumph, Husqvarna, Aprilia

Is your principal business the buying and selling of second hand motor vehicles?

Y ☐ N ☒

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?

Y ☒ N ☐

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼?

Y ☐ N ☐

If yes, provide the name of the repair facility: _____

Is your principal business that of a motor vehicle junk dealer?

Y ☐ N ☒

Have you ever obtained a license to deal in second hand motor vehicles or parts?

Y ☒ N ☐

If yes, list year, city and state Since 1980 Somerville
MA

Have you ever been denied a license to deal in second hand motor vehicles or parts?

Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended?

Y ☐ N ☒

If yes, list year, city and state _____

Describe all of the premises to be used in the business:

15000 sq ft bldg @ 2 union sq. w/a
loop 99 ft Bldg in front + 2000 sq ft bldg in rear Approx 10,000 sq ft of
Storage in rear of Somerville Ave. 357.

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 12/29/10

Business Name: Doms Motor Service Inc. DBA Riverside

Business Address: 2 Union St. Somerville MA 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- _____ The use is permitted as of right
- _____ The use requires a special permit
- _____ The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: _____ inside
_____ outside

Signature: _____ Date: _____

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- _____ Approved
- _____ Denied

Signature: _____ Name and Title: _____

HOME OFFICE
2100 FLEUR DRIVE
DES MOINES, IOWA 50321-1158
(515) 243-8171
FAX (515) 243-3854



AUSTIN OFFICE
P. O. BOX 26720
AUSTIN, TEXAS 78755-0720
(512) 343-9033
FAX (512) 343-8363

CLASS 2 SECOND HAND MOTOR VEHICLE DEALER BOND

Bond No. MA 1098

KNOW ALL PERSONS BY THESE PRESENTS:

That we, Dom's Motor Service Inc dba Riverside Kawasaki Yamaha,
of Somerville, State of Massachusetts, as Principal,
and MERCHANTS BONDING COMPANY (Mutual), a corporation duly licensed to do business in the State of
Massachusetts, as Surety, are held and firmly bound unto City of Somerville,
Obligee, in the penal sum of Twenty Five Thousand Dollars
(\$25,000.00).

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the Principal has been licensed as
a Class 2 Second Hand Motor Vehicle Dealer by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws
and ordinances, including all Amendments, appertaining to the license or permit applied for, then this obligation
to be void, otherwise to remain in full force and effect for a period commencing on the 19th day of
November, 2010, and ending on the 19th day of November, 2011,
unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the
Principal, in care of the Obligee or at such other address as the Surety deems reasonable, and at the expiration of
thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later,
this bond shall ipso facto terminate and the surety shall thereupon be relieved from any liability for any subsequent
acts or omissions of the Principal.

No right of action shall accrue on this bond to or for the use of any person or corporation other than Obligee
named herein.

Dated this 22nd day of November, 2010.

Dom's Motor Service Inc dba Riverside Kawasaki Yamaha
Principal

By _____

Merchants Bonding Company (Mutual)
Surety

By Gwen Campbell
Gwen Campbell Attorney-in-Fact

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Doms Motor Service Inc.

*Signature of Individual or Corporate Name (Mandatory)

X [Signature]

By: Corporate Officer (Mandatory, if a corporation)

04-2370325

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Doms Motor Service Inc.

Address of taxpayer/applicant's business in Somerville: 2 Union Sq. Somerville MA 02143

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-628-6400 evening: 978-667-3367

I, (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 15th day of December, 2010. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

08303200 # 123077611 # 08950011 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
12/29/10

**The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111**

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Doms Motor Service Inc. DBA Riverside
Address: 2 Union Sq.
City: Somerville State: MA Zip: 02143 Phone #: 617-628-6400
☒ I am an employer with 12 employees (full and/or part time). Business Type: ☒ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☒ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Illinois National Ins. Co.
Address: 70 Pine Street
City: New York State: NY Zip: 10270 Phone #: _____
Policy #: WC 058340969 MA Expiration Date: 7/1/11

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 12/15/10
Print Name: Carlo Maugini-Hansen

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/12/10
Certificate ID: 228356

PRODUCER
Aon Risk Services, Inc. of FL
1001 Brickell Bay Drive, Suite #1100
Miami, FL 33131-4937
Phone: 800-743-8130 Fax: 800-522-7514

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Illinois National Insurance Co

23817

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED
ADP TotalSource FL XVI, Inc.
10200 Sunset Drive
Miami, FL 33173
ALTERNATE EMPLOYER
Dom's Motor Service, Inc. DBA Riverside Motorsports
2 Union Square
Somerville, MA 02143-3029

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If Yes, describe under SPECIAL PROVISIONS below	WC 058340969 MA	07/01/10	07/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ \$2,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ \$2,000,000
						E.L. DISEASE - POLICY LIMIT	\$ \$2,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
All worksite employees working for the above named client company, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. The above named client is an alternate employer under this policy.

CERTIFICATE HOLDER

Dom's Motor Service, Inc.
2 Union Square
Somerville, MA 21433029

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Aon Risk Services, Inc. of FL

ACORD 25 (2009/01)

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