

ID # 798
REF 1023

GARAGE LICENSE APPLICATION

2012 SEP 27 P 4: 15

Application Fee \$550.00

Date 09-25-2012

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

9/27/12

Amount Paid

\$550 + 75

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

For the storage of 2 vehicles inside

0 vehicles outside

Business (DBA) Name: AMERICAN AUTO GALLERY Phone: 617-440-6651

Business Location (with Zip Code): 682 Mystic Ave Somerville MA 02145

Applicant's Legal Name: FMS AUTO SALES LLC

Applicant's Address (with Zip Code): 682 Mystic Ave Somerville MA 02145

Applicant's Email Address: max.auto.gallery.group@gmail.com

Applicant's Federal Employer Identification Number: 46-0627833

Mailing Name (where we should send correspondence to): American Auto Gallery

Mailing Address (with Zip Code): 682 Mystic Ave Somerville MA 02145

Emergency Contact: Fadi M. Suleiman Phone: 617-669-2950

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: Fadi M. Suleiman

Address with Zip Code: 975 Fellsway Apt #5 Medford MA 02155

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

1. Will you be open to the public at this location? Y ☒ N ☐
2. Will you be doing mechanical repairs of vehicles at this location? Y ☒ N ☐
3. Will you be doing autobody work on vehicles at this location? Y ☐ N ☒
4. Will you be spray painting vehicles or parts at this location? Y ☐ N ☒
5. Will you be washing vehicle at this location? Y ☒ N ☐
6. Will you be charging money to park vehicles at this location? Y ☐ N ☒
7. Will you be storing registered vehicles at this location? Y ☐ N ☒
8. Will you be storing unregistered vehicles at this location? Y ☒ N ☐
9. Will you be operating a tow vehicle at this location? Y ☐ N ☒

Have you ever obtained a garage license before?

Y ☐ N ☒

If yes, list year, city and state _____

Have you ever been denied a garage license?

Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended?

Y ☐ N ☒

If yes, list year, city and state _____

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

The hours of operation for garages 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:

Monday through Thursday 9:00 AM to 7:00 PM
Friday & Saturday 9:00 AM to 6:00 PM Sunday closed

Garage
Car Repair

~~Monday to Thursday~~

Monday - Friday

10:00 AM to 5:00 PM

No weekends

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 April 30, 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 09-25-2012

Business Name: Auto Gallery of Somerville "H" DBA American Auto Gallery

Business Address: 682 Mystic Ave Somerville MA 02145

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

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises:

2 EN/STL inside NEED
0 EN/STL outside Inspection

Signature: [Signature]

Date: Sept 27, 2012

Print Name: Fobie Norro

Title: Superintendent

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

A 148 sec. 13 License is required

☒ A 148 sec. 13 License is NOT required

NOT REQUIRED PER WILLIAM HALLINAN. STL

Signature: [Signature]

Date: 9-27-12


Print Name: Deputy Chief

Title: Deputy

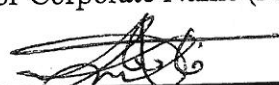
William Hallinan

**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.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

46-0627833

**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: Auto Gallery of Somerville LLC DBA American Auto Galle

Address of taxpayer/applicant's business in Somerville: 682 Mystic Ave Somerville MA 02145

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

Taxpayer/applicant's phone: day: 617-669-2950 evening: 617-669-2950

I, (print name) Fadi M. Suleiman, 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 _____ day of

_____, 20____.

[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: _____

10712 # 248005011 # _____ # _____

NOTES:

CLERK'S INITIALS: WB

ORIGINAL STAMP:



RECEIVED
[Signature]

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: ~~Auto Gallery of Somerville "Inc"~~ American Auto Gallery
Address: 682 Mystic Ave Somerville MA 02145
City: Somerville State: MA Zip: 02145 Phone #: 617-440-6651

- ☒ I am an employer with 1 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 _____

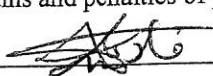
Workers' compensation insurance information (if applicable):

Insurance Company Name: NorGuard Insurance Company
Address: P.O. BOX A-H
City: Wilkes-Barre State: PA Zip: 18703 Phone #: 1800-673-2465
Policy #: ALWC354520 Expiration Date: 09-24-2013

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:  Date: 09-25-2012

Print Name: Fadi M. Suleiman

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 _____



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

Certificate of Organization

(General Laws, Chapter 156C)

Federal Employer Identification Number: 460627833 (must be 9 digits)

1. The exact name of the limited liability company is: FMS AUTO SALES LLC

2a. Location of its principal office:

No. and Street: 682 MYSTIC AVE
 City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

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

No. and Street: 682 MYSTIC AVE
 City or Town: SOMERVILLE State: MA Zip: 02145 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:

BUYING, SELLING, TRADING AND REPAIRING USED CARS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: FADI M SULEIMAN
 No. and Street: 682 MYSTIC AVE
 City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

I, FADI M SULEIMAN resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

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

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	FADI M SULEIMAN	682 MYSTIC AVE SOMERVILLE, MA 02145 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
SOC SIGNATORY	FADI M SULEIMAN	682 MYSTIC AVE SOMERVILLE, MA 02145 USA