



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**GARY COLLINS
AUTO BROKERS COMPANY
182 WASHINGTON ST
SOMERVILLE, MA 02143**

License #: 20
Fee: 550.00
Account ID: 23
Reference #: 20

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: AUTO BROKERS COMPANY Business Location: 182 WASHINGTON ST Business Phone: 617-625-5969	
License Holder: GARY COLLINS AUTO BROKERS COMPANY 182 WASHINGTON ST SOMERVILLE, MA 02143 617-625-5969	
Mailing Address: GARY COLLINS AUTO BROKERS COMPANY 182 WASHINGTON ST SOMERVILLE, MA 02143	
Business Type: SOLE PROPRIETORSHIP OWNER - GARY COLLINS	
FID: 043429814	
Food Manager/Emergency Contact: SAM LALLEMAND 617-953-8515	

13 FEB 31 P 3:39
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

26 VEHICLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Gary Collins* Date 12-15-2013
 Print Name: Gary J Collins Phone 617-901-9091

NOTICE OF PREMIUM DUE



Paid \$250 Bond

11-30-13

Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnaSurety.com
Company#: 0601
Bond/Policy#: 71215061
Billing Date: 11/08/2013
Due Date: 01/09/2014

GARY J. COLLINS
182 WASHINGTON ST.
SOMERVILLE, MA 02145

Premium: \$250.00

Amount Due: \$250.00

Company#: 0601
Bond/Policy#: 71215061
Effective Date: 01/09/2014 Anniversary Date: 01/09/2015
Bond amount: \$25,000.00
Name: GARY J. COLLINS
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (401)762-2218 **Ocean Star Insurance**
Agency Code: 38-01502 **& S S Agency, Inc.**
 362 Rathbun Street
 Woonsocket, RI 02895-1247

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: Gary J Collins
Address: 1515 Turnpike St
City: N. Andover State: MA Zip: 01845 Phone #: 617-901-9091

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: 12-15-2013
Print Name: Gary J Collins

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 #: _____

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: AUTO BROKERS COMPANY
182 Washington Street • Somerville, MA 02143

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

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

Taxpayer/applicant's phone: day: 617 625 5969 evening: 617 902 9091

I, (print name) Gary J Collins, 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 15 day of Dec, 20 13. [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: _____

15709 # 119016011 # 1282 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 