

2010

5 AUTOS

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

2010 NOV 19 A 9:02

Application Fee \$500.00

Date 4/22/10

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 11/19/10

Amount Paid \$ 500-

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: COUNTY AUTO REPAIR

Phone: 617 628.3600

Business DBA Name (if applicable): π

Address with Zip Code: 103 WASHINGTON ST SOMERVILLE MA 02143

Tax Identification Number: 202-304-235

Mailing Name (where we should send correspondence to):

Address with Zip Code:

Property Owner Name: SAME

Phone:

Address with Zip Code:

Emergency Contact 1: ANTONIO MARTINS (sivica)

Phone: (617) 440.5646

Emergency Contact 2: TONY MARTINS (som)

Phone: (617) 838 8696

Type of Business (Check one):

Sole Proprietorship Partnership LLC

Corporation Other INC

IF A SOLE PROPRIETORSHIP:

Owner's Name: ANTONIO MARTINS

Address with Zip Code: 107 WASHINGTON ST#4 SOM MA 02143

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

Partner's/Member's/President's Name:

Address with Zip Code:

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

Address with Zip Code:

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

Address with Zip Code:

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): _____

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: county auto repair

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 SOMERVILLE MA
02143

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: FIX CAR'S, and
Sell used cars.

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: Antonio H. Martins Date 11-9-2010

Business Name: County Auto Repair Inc.

Business Address: 103 Washington 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: _____

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.

COUNTY AUTO REPAIR INC

*Signature of Individual or Corporate Name (Mandatory)

X Antonio H. Martins

By: Corporate Officer (Mandatory, if a corporation)

X 202 704 235

**~~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: Antonio m. martins
County Auto Repair Inc.

Address of taxpayer/applicant's business in Somerville: 103 Washington St, Somerville

Address of taxpayer/applicant's home in Somerville: 107 Washington St, Somerville

Taxpayer/applicant's phone: day: 617-628-3600 evening: 617-240-5646

I, (print name) Antonio m. martins, 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 9th day of

X Antonio M. Martins, 2010.
(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: _____
01019200 # 109110001 # 30000444 # _____

NOTES:

CLERK'S INITIALS: R

ORIGINAL STAMP:

received
11-19-10

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: County auto Repair Inc.
Address: 103 Washington ST
City: Somerville State: MA Zip: 02143 Phone #: 617-628-3600

- I am an employer with _____ 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
 Manufacturing
 Health Care
 Other Used car sales

Workers' compensation insurance information (if applicable):

Insurance Company Name: Hartford underwriters Insurance company
Address: PO Box 1450
City: Middleboro State: MA Zip: 02344 Phone #: 1800453-9843
Policy #: 6560UB-0625N41-9-10 Expiration Date: 2-4-11

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: Antonio U Martins Date: 11-9-2010

Print Name: Antonio Martins

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 _____