

23 CARS OUT

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>12/2/16 - MS</u>
Amount Paid	<u>\$500.00 ck 4790</u>

Date _____

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: Cambridge Auto Sales Phone: 617-591-1444

Business DBA Name (if applicable): _____

Address with Zip Code: 75 Park St. 02143

Tax Identification Number: 20-0666627 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: Same

Property Owner Name: Clayton Peabody Phone: _____

Address with Zip Code: 191 Beacon St. 02143

Emergency Contact 1: C. Filosi 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: Ruben Cassim

Address with Zip Code: 75 Park St. 02143

IF A PARTNERSHIP, TRUST 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: _____

2016 DEC -2 12:03
 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): _____

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: _____

CLM 306 Webster Ave Comb. 617-4976722

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 SM - 2001 - 2010

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: _____

Fenced in lot 23 cars + office inside.

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: _____

*My license is from 8-8 Mon-Fri - 8-5 Sat
Closed Sunday*

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: Mark Casan Date 11/4/10

Business Name: Cambridge Auto Sales

Business Address: 75 PARK ST.

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: _____

ROBINSON-ADAMS INSURANCE
P.O. BOX 530510 • BIRMINGHAM, AL 35253 • (205) 877-4500

Attached is your Automobile Dealer Surety Bond Continuation Certificate.
This Certificate must be attached to your license renewal application.
We appreciate the opportunity of providing this bond for you.

ROBERT CASSIM
d/b/a CAMBRIDGE AUTO SALES
75 Park Street
Somerville, MA 02143

SURETY BOND CONTINUATION CERTIFICATE

In consideration of premium charged,

Platte River Insurance Company hereby continues in force

Bond No. 40089926

dated January 12, 2004

in the amount 25,000 Dollars

on behalf of ROBERT CASSIM, as Principal

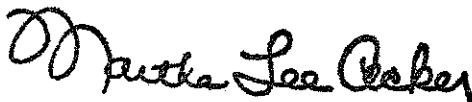
d/b/a CAMBRIDGE AUTO SALES
in favor of Commonwealth of Massachusetts Department of Motor Vehicles, for the period

beginning January 01, 2011

and ending December 31, 2011 subject to all the terms and conditions of said bond; PROVIDED that the


liability of Platte River Insurance Company shall not exceed in the aggregate the amount above written, whether the loss shall have occurred during the term of said bond or during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof, or partly during said term and partly during any continuation or continuations thereof.

Signed, Sealed

By: 

**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)

**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: Clayton Peabody

Address of taxpayer/applicant's business in Somerville: 75 PARK 81 PARK

Address of taxpayer/applicant's home in Somerville: NO

Taxpayer/applicant's phone: day: 617-354-8594 evening: _____

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 _____ day of _____, 20_____.
(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: _____
04203150 # 24502700 | # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **Received**
12-2-10

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: Cambridge Auto Sales
Address: 75 Park Street
City: Somerville, MA 02143 State: _____ Zip: _____ Phone #: _____

- I am an employer with 0 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: _____
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: Robert Cassin Date: 12/2/10
Print Name: Robert Cassin

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 _____