

## SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date 10/4/2012

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 10/4/2012

Amount Paid 550.00

☐ New Application  
☐ Renewing Application with Additions or Changes  
☒ Renewing Application with NO Additions or Changes

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

Business (DBA) Name: James A. Kiley Co. Phone: 617-776-0344

Business Location (with Zip Code): 15 Linwood St. Somerville, MA 02143

Applicant's Legal Name: 15

Applicant's Address (with Zip Code): \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: 04-1505600

Mailing Name (where we should send correspondence to): James A. Kiley

Mailing Address (with Zip Code): 15 Linwood St. Somerville, MA 02143

Emergency Contact: \_\_\_\_\_ 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: John C. Kiley

Address with Zip Code: 9 Edmonds Way Belmont, MA 02478

Partner's/Member's/Secretary's Name: John C. Kiley

Address with Zip Code: 9 Edmonds Way Belmont, MA 02478

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

Address with Zip Code: \_\_\_\_\_

2012 OCT -4 P 3:04  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Y \_\_ N X

Is your principal business the sale of new motor vehicles?

Y \_\_ N X

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 X

If yes, provide the name of the manufacturer(s): \_\_\_\_\_

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

Y \_\_ N X

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

Y \_\_ N X

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

Y \_\_ N X

If yes, provide the name of the repair facility: \_\_\_\_\_

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

Y \_\_ N X

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

Y \_\_ N X

If yes, list year, city and state \_\_\_\_\_  
\_\_\_\_\_

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

Y \_\_ N X

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 X N \_\_

If yes, list year, city and state Somerville, MA 4-9-07  
\_\_\_\_\_

Describe all of the premises to be used in the business: 15 Linwood St. Somerville, MA

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: John C. Kiley Date 10-4-12

Business Name: James A. Kiley Co.

Business Address: 15 Linwood 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: John C. Kiley Title: \_\_\_\_\_

### POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- ☐ Approved
- ☐ Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_



Wausau  
2000 Westwood Drive  
Wausau, WI 54401  
800-826-1661 Fax: 866-547-9183

**Report of Renewal****Registered :**

September 11, 2012

**Market Segment:**

Small Commercial

**Producer Code:**

968048

**Principal:**

James A Kiley Company  
15 Linwood Street  
Somerville, MA 02143-2112

**Account:**

James A Kiley Company  
15 Linwood Street  
Somerville, MA 02143-2112

**Producer:**

USI Insurance Services of New England, Inc.  
5 Bedford Farms Drive  
Suite 200  
Bedford, NH 03110

**Invoiced to:**

USI Insurance Services of New England, Inc.  
P.O. Box 6360  
Manchester, NH 03108

**LMS Bond Number:** 94A027976**Cross Reference:** QL1-J11-020791-333**Obligee:**

City of Somerville  
93 Highland Avenue City Hall  
Somerville, MA 02143

**Additional Obligees:****Bond Period:** 12/10/12 to 12/10/13**Transaction Eff. Date:** 12/10/12**Cancellation Provision:** 30 Days**Premium Period:** 12/10/12 to 12/10/13**Company:** Liberty Mutual Insurance Company**Renewal Type:** Continuous Until Canceled**Bond Amount:** 25,000.00 USD**Class Code:** 929**Co-surety:****Bond Description:**

License and Permit Bond - license for sale of second hand motor vehicles

**Transaction Comments:**

System auto renewal transaction

**Amt in USD**

<b>Bond Premium:</b>	<b>Producer Commission:</b>
250.00	75.00

**Net Premium:** 175.00

**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.

James L. A. Kiley Co.

\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

04-1505600

\*\*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: James A. Kiley Co.

Address of taxpayer/applicant's business in Somerville: 15 Linwood St. Somerville, MA 02143

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

Taxpayer/applicant's phone: day: 617-776-0344 evening: \_\_\_\_\_

I, (print name) John C. Kiley JOHN C KILEY, 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 4<sup>th</sup> day of

Oct., 2012. John C. Kiley  
(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: \_\_\_\_\_

# 9011 # 145032001 # 739 # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** UB

**ORIGINAL STAMP:**

**RECEIVED**  
UB  
10-4-12



*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: James A. Kiley Co.

Address: 15 Linwood St.

City: Somerville State: MA Zip: 02143 Phone #: 617-776-0344

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

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: U.S.I. Insurance Services of MA

Address: 12 Gill Street Suite 5500

City: Woburn State: MA Zip: 01801 Phone #: 800-842-1218

Policy #: 08WEQ08298 Expiration Date: 9/30/13

**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: *James A. Kiley* Date: 4/10/12

Print Name: \_\_\_\_\_

*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 \_\_\_\_\_