



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: Loins 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 2009, City of Somerville

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: Lot 65-71 Bow St.

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: [Signature] Date 12-9-10

Business Name: Lains Auto Repair Inc.

Business Address: 65 1/2 Bow 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: \_\_\_\_\_

**FINAL NOTICE OF PREMIUM DUE**

\*\*\*\*\*



P. O. Box 5077  
Sioux Falls, SD 57117-5077  
1-888-866-2666

LEINS AUTO REPAIR  
65 1/2 BOW ST.  
SOMERVILLE, MA 02143

Bond/Policy#: 0601 69606396

Billing Date: 11/24/2010  
Filing Date: 01/01/2011

Premium: \$250.00

**Amount Due: \$250.00**

**PAID**

Bond/Policy#: 0601 69606396  
Effective Date: 01/01/2011 Anniversary Date: 01/01/2012  
Penalty: \$25,000.00  
Name: LEINS AUTO REPAIR  
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

We're pleased to provide this reminder to pay for your bond/policy. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. Prompt payment allows us to issue or continue your bond/policy coverage. If you sent payment, Thank you.

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

Phone: (508)378-1166  
Agency: 20-18386

**Colburn Rider Insurance  
Agency, Inc.  
P.O. Box 10  
Marion, MA 02738**

Please detach and return the original coupon below with your payment

**CNA Surety**

Bond/Policy#: 0601 69606396 Effective Date: 01/01/2011  
Name: LEINS AUTO REPAIR  
Description: MA SECOND HAND MOTOR VEHICLE DEALER  
Written By: WESTERN SURETY COMPANY  
Agency: 20-18386 Colburn Rider Insurance

**Amount Due: \$250.00**

Billing Date: 11/24/2010

Check here and include change in # of covered employees/owners & other comments below:

Make Check Payable To CNA Surety

CNA Surety  
P.O. Box 802876  
Chicago, IL 60680-2876

0003001 02018386000001012011 00601006960639600 00000002500009



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: Lains Auto Repair Inc.

Address of taxpayer/applicant's business in Somerville: 69-71 Bowst. Somerville MA 02143

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-623-9000 evening: 617-669-2198

I, (print name) Luis Lains, 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 9<sup>th</sup> day of December, 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: \_\_\_\_\_  
# 16537083      # 232058001      # 30052446      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: **received**  
**UB**

12-9-10



**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: Lains Auto Repair Inc.  
 Address: 65 1/2 Bow St. S  
 City: Somerville State: MA Zip: 02143 Phone #: 617-623-9000

- |  |   |
|--|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> <input type="checkbox"/> Retail                             |
| <input 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 checked="" 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: Utica National Insurance Group  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy #: 4265993 Expiration Date: 11-25-11

**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: [Signature] Date: 12-9-10  
 Print Name: Luis Lains

**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 _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE- RENEWAL

NCCI CO #15822

POLICY NUMBER	FROM	POLICY PERIOD TO	PRIOR POLICY NO.	ISSUED BY
4265993	11/25/10	11/25/11	4265993	GRAPHIC ARTS MUTUAL INSURANCE CO.
THE INSURED AND MAILING ADDRESS			PRODUCER	
1. LEINS AUTO REPAIR, INC. 65 1/2 BOW STREET SOMERVILLE MA 02143			PRESCOTT & SON INS AGCY 963 EASTERN AVENUE MALDEN MA 02148  (781) 322-2350	

FEIN 542080683 RISK ID. 000173165

OTHER WORKPLACES NOT SHOWN ABOVE: NONE  
ENTITY OF INSURED - CORPORATION

- 2. POLICY PERIOD - 11/25/10 TO 11/25/11 12:01 AM STANDARD TIME AT THE INSURED'S MAILING ADDRESS.
- 3A. WORKERS COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS COMPENSATION LAW OF THE STATES LISTED HERE: MA.
- 3B. EMPLOYERS LIABILITY INSURANCE: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE:
 

BODILY INJURY BY ACCIDENT	\$500,000	EACH ACCIDENT
BODILY INJURY BY DISEASE	\$500,000	EACH EMPLOYEE
BODILY INJURY BY DISEASE	\$500,000	POLICY LIMIT
- 3C. OTHER STATES INSURANCE: PART THREE OF THE POLICY APPLIES TO THE STATES, IF ANY, LISTED HERE: ALL STATES EXCEPT: ND, OH, WA, WY AND STATES DESIGNATED IN ITEM 3A.
- 3D. SEE ATTACHED SCHEDULE FOR LIST OF ENDORSEMENTS FORMING PART OF THIS POLICY.

4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES, AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

ST LOC CODE TYP	CLASSIFICATIONS	PREM BASIS	RATE	EST
NO		EST TOT ANN	PER \$100	ANNUAL
		REMUN	REMUN	PREMIUM
	SEE ATTACHED SCHEDULE			\$1,270
	MINIMUM PREMIUM \$265 (MA)		EXPENSE CONSTANT (MA)	\$338
	EMP LIAB MIN PREM \$50 (MA)			
		TOTAL ESTIMATED ANNUAL PREMIUM		\$1,608
		DEPOSIT PREMIUM		\$1,608

ADJUSTMENT OF PREMIUM SHALL BE MADE ANNUALLY.

COUNTERSIGNED THIS 12TH DAY OF OCTOBER, 2010  
PREMIUM AMOUNT TO BE REFLECTED ON NEXT BILLING NOTICE

*[Signature]*  
COMPANY OFFICER

JNI-BILL NO. 100813251  
JB- IC ISSUE DATE 10/12/10  
WC 00 00 01A W 4265993 01