



**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: .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	<i>Please add on my wife as license holder also Arlene Collins</i>
Mailing Address: GARY COLLINS AUTO BROKERS COMPANY 182 WASHINGTON ST SOMERVILLE, MA 02143	<i>No other changes</i>
Business Type: SOLE PROPRIETORSHIP OWNER - GARY COLLINS	
FID: 043429814	
Food Manager/Emergency Contact: <i>Scott Cournoyer 1603 560 2915</i>	

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: *[Signature]* Arlene Collins Date 12-20-2014
Print Name: _____ Phone _____

Massachusetts



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND (Mass. Gen. Laws Ann. 140, § 58(c))

Bond No 71215061

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: January 9, 2012

That we, Gary J. Collins,
as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1)

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at City of Somerville, 93 Highland Ave., Somerville, MA 02143

by First Class U.S. Mail.

Address

Dated this 6th day of January, 2012



Gary J. Collins, Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Bruffat
Paul T. Bruffat, Senior Vice President

GARY J COLLINS 11-98
DBA AUTO BROKERS
PH. 617-625-5969
182 WASHINGTON ST
SOMERVILLE, MA 02143-3129

DATE 12-20-2014 53-179-113

PAY TO THE ORDER OF

Western Safety Company
Frank Hunter

\$ 250

DOLLARS

 Eastern Bank

Boston, MA 02110
easternbank.com
1-800-EASTERN

FOR

2015 Bond

GJ Collins

⑈015940⑈ ⑆011301798⑆ 0600040190⑈

The bond is and continues annually.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

AUTO BROKERS OF SOMERVILLE

Exact name of taxpayer/applicant's business: 182 Washington Street

Somerville, MA 02143

Address of taxpayer/applicant's business in Somerville: (617) 625-5969

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

Taxpayer/applicant's phone: day: 617 625-5969 evening: 617 901 9091

I, (print name) Greg 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 _____ 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: _____

15829 # 119016001 # _____

NOTES:

SR
12-23-14

CLERK'S INITIALS: SR

ORIGINAL STAMP:

OK

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: AUTO BROKERS COMPANY

Address: 182 Washington Street • Somerville, MA 02143

City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with 1 employees (full and/or part time). Sub contractor
- I am a sole proprietor or partnership and have no employees.
- We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:**
- Retail
 - Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - 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: [Handwritten Signature] Date: 12-20-14

Print Name: Gay J. Collom

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 _____