



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Used Car Dealer License

JAMES A. KILEY CO.
15 LINWOOD ST
SOMERVILLE MA 02143

License #: BL15-001021
File #: 15-797
Fee: 550

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: JAMES A. KILEY CO. Business Location: 15 LINWOOD ST Business Phone: 617-776-0344	
License Holder: JAMES A. KILEY CO. 15 LINWOOD ST SOMERVILLE MA 02143	
Mailing Address: JAMES A. KILEY CO. 15 LINWOOD ST SOMERVILLE MA 02143	
Business Type: Corporation JOHN KILEY JOHN KILEY JOHN KILEY	
FID: 041505600	
Emergency Contact: JAMES A. KILEY Phone:	
Dealership Class: Class 2 # of Vehicles Kept Inside: 6 # of Vehicles Kept Outside: 0 Proposed Hours of Operation if operating outside standard hours: mo - fr 8 am - 6 pm, sa 8 am- 2 pm	

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: Joan C. Kiley Date: 2/19/16

Printed Name: JOAN C. KILEY Phone: 617-776-0344

1162
USI Insurance Services, LLC

SM Accounting Service Center

P.O. Box 62937

Virginia Beach, VA 23466

USI Insurance Services LLC

P.O. Box 62937 * Virginia Beach, VA 23466

NEW ENGLAND REGION

Regional Email - NGClient.AR@usi.biz

1-855-874-0004

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----- STATEMENT -----

James A. Kiley Co.
15 Linwood Street
Somerville, MA 02143-112

Statement Date 12/17/15
Bill To Code JAMESKIL
Producer(s) R2KCG
Total Balance \$250.00

Page: 1

Inv No.	Eff Date	Policy No.	Description	Amount
1702717	12/10/15	94A027976	Liberty Mutual Ins Companies *Renewal - Miscellaneous Bond Eff 12/10/15 City of Somerville bond invoice.	250.00
PAYABLE _____ RECEIVED <u>12/21/15</u> QUANTITY <u>1</u> PRICE <u>X</u> CALCULATIONS _____ TRANS CHARGE _____ ACCOUNT <u>8071</u>				
<div> <div>Current</div> <div>31 to 60</div> <div>61 to 90</div> <div>Over 90</div> <div>Total Balance</div> </div> <div> <div>250.00</div> <div>0.00</div> <div>0.00</div> <div>0.00</div> <div>250.00</div> </div>				



2016 FEB 19 A 11:07

City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: James A. Kiley Company

Address of taxpayer/applicant's business in Somerville: 15 Linwood Street

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

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

I, (print name) 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 19th day of

Feb, 2016. 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: _____

9273 # 145032001 # _____ # ✓

145032011

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:

Received
2-19-16

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 Company

Address: 15 Linwood Street

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

☒ I am an employer with 40 employees (full and/or part time). Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

☐ 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM Mutual Insurance Co.

Address: P.O. Box 4070

City: Burlington State: MA Zip: 01803 Phone #: (781) 376-2600

Policy #: MCC-200-2000461-2015A Expiration Date: 9/30/16

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: John C. Kiley Date: 2/16/16

Print Name: John C. Kiley

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 _____