



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

2015 NOV 30 P 2:51

Application to Renew Used Car Dealer License

CITY CLERK'S OFFICE
SOMERVILLE, MA

MOTORCYCLES & MORE LLC
109 BAILEY RD
SOMERVILLE MA 02145

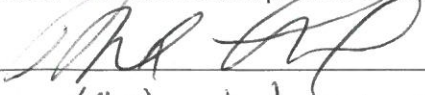
License #: BL15-000028
File #: 15-31
Fee: 550

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: MOTORCYCLES & MORE LLC Business Location: 109 BAILEY RD Business Phone: 617-620-2893	
License Holder: MOTORCYCLES & MORE LLC 109 BAILEY RD SOMERVILLE MA 02145	
Mailing Address: MOTORCYCLES & MORE LLC 109 BAILEY RD SOMERVILLE MA 02145	
Business Type: Corporation MICHAEL LEMIEUX	
FID: 208567330	
Emergency Contact: MARY LEMIEUX Phone: 508-888-2120	
Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 0 Proposed Hours of Operation if operating outside standard hours:	

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:  Date: 11/30/15
Printed Name: Michael Lemieux Phone: 617-620-2893

1200

MOTORCYCLES AND MORE LLC
108 BAILEY ROAD
SOMERVILLE, MA 02145

DATE 11/4/15 53-139-113

PAY TO THE ORDER OF CNA Surety \$ 250⁰⁰

two hundred fifty 700/100 DOLLARS

FOR Surety Bond

Century Bank
Boston Massachusetts 02111

001200 0011301390: 005 71197 5*

PAYEE ENDORSEMENTS GUARANTEED
CNA SURETY COMPANY
300 N. LAKE STREET
ANN ARBOR MI 48106

CNA SURETY
300 N. LAKE STREET
ANN ARBOR MI 48106

NOV 13 2015 11:11 AM



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Motorcycles and More LLC

Address of taxpayer/applicant's business in Somerville: 109 Bailey Rd. Somerville MA 02145

Address of taxpayer/applicant's home in Somerville: 109 Bailey Rd. Somerville MA 02145

Taxpayer/applicant's phone: day: 617-620-2893 evening: 617-620-2893

I, (print name) Michael Lemieux, 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 30 day of November, 2015. [Signature]
(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: _____

766 # 134025001 # NA # ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 11-30-15

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: Motorcycles and More LLC
Address: 109 Bailey Rd.
City: Somerville State: Ma Zip: 02148 Phone #: 617-628-2893

- I am an employer with _____ 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: [Signature] Date: 11/30/15

Print Name: Michael Lemieux

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 _____