



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

*2016 RENEWAL*

**MASS AUTO BROKERS INC.  
631 SOMERVILLE AVE  
SOMERVILLE, MA 02143**

License #: **993**  
Fee: **550.00**  
Account ID: **785**  
Reference #: **993**

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: <b>MASS AUTO BROKERS INC.</b> Business Location: <b>631 SOMERVILLE AVE</b> Business Phone: <b>857-251-9723</b>	
License Holder: <b>MASS AUTO BROKERS INC.</b> <b>631 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>857-251-9723</b>	
Mailing Address: <b>MASS AUTO BROKERS INC.</b> <b>631 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ADILSON OLIVEIRA</b> <b>SECRETARY - ADILSON OLIVEIRA</b> <b>TREASURER - ADILSON OLIVEIRA</b>	
FID: <b>451750608</b>	
Food Manager/Emergency Contact: <b>ADILSON OLIVEIRA</b> <b>857-246-2337 * 857 234.42.18 *</b>	

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**

**7 VEHICLES INSIDE  
2 VEHICLES OUTSIDE**

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: \_\_\_\_\_

Date: SEE ATTACHED

Print Name: ADILSON P. De Oliveira

Phone: 857-234 4218

**SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION**

Nonrefundable Application Fee \$605.00

Date 5/23/2016

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
2016 MAY 23 10 3: 41  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

New Application  
 Renewing Application with Additions or Changes  
 Renewing Application with NO Additions or Changes  
Check one:  Class 1  Class 2  Class 3  
Vehicles stored:  inside  
 outside

Business (DBA) Name: MASS AUTO BROKERS Phone: 857 234 4218

Business Location in Somerville (with Zip Code): 631 SOMERVILLE AVE SOMERVILLE MA 02143

Applicant's Federal Employer Identification Number: 451750608

Applicant's Legal Name: ADILSON DE OLIVEIRA

Mailing Name (who we should send correspondence to): 259 MAIN ST MALDEN MA 02148

Mailing Address (with Zip Code): \_\_\_\_\_

Emergency Contact: JUNIOR CRUZ Phone: 617 893 8987

Type of Business (Check Only One and Provide the Names Indicated):  
 **Sole Proprietor:** Name of Owner: \_\_\_\_\_  
 **Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_  
Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
\_\_\_\_\_  
 **Trust:** Name of Trust: \_\_\_\_\_  
Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
\_\_\_\_\_  
 **Corporation:** Name of Corporation: MASS AUTO BROKERS  
Name of President: ADILSON DE OLIVEIRA  
Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_  
 **LLC:** Name of LLC: \_\_\_\_\_  
Names of All Managers Who Own More Than 10%: \_\_\_\_\_  
\_\_\_\_\_  
 **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

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: GES AUTO REPAIR  
631 SOMERVILLE AVE, SOMERVILLE 02143

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 \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

I request permission to store 7 vehicles inside the building, and 2 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

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. 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.

Signature of Applicant: [Signature] Date \_\_\_\_\_

Business Name: MASS AUTO BROKES

Business Address: 631 SOMERVILLE AVE SOMERVILLE MA 02143

**FOR NEW APPLICANTS:**

*RENEWAL JJU*

**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: \_\_\_\_\_

Massachusetts



# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 62791515

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: May 23rd, 2016

That we, MASS AUTO BROKERS INC, 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 93 HIGHLAND AVE, SOMEVILLE, MA 02143

by First Class U.S. Mail. Address

Dated this 23rd day of May, 2016.



MASS AUTO BROKERS INC, Principal

By:

WESTERN SURETY COMPANY, Surety

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



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: MASS AUTO BROTHERS

Address of taxpayer/applicant's business in Somerville: 631 SOMERVILLE AVE SOMERVILLE MA 02143

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

Taxpayer/applicant's phone: day: 857 234 4218 evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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: \_\_\_\_\_

# N/A      # N/A      # \_\_\_\_\_      # N/A

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

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: MASS AUTO BROKERS  
Address: 631 SOMERVILLE AVE  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 857 2344218

- 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: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: ADRIAN DE OLIVERA

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 \_\_\_\_\_