

4 AUTOS

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date 11/30/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 11/30/10 -MS
Amount Paid \$500.00 CK# 272

New Application Check one: Class 1 X Class 2 Class 3
Renewing Application with Additions or Changes
X Renewing Application with NO Additions or Changes

Business Name: UMP Corp / United Motors Phone: 617-666-2400

Business DBA Name (if applicable):

Address with Zip Code: 188 Broadway 02145

Tax Identification Number: 043457276 Check one: SSN X FEIN

Mailing Name (where we should send correspondence to): 188 Broadway

Address with Zip Code: Somerville, Ma. 02145

Property Owner Name: BTM Realty trust Phone: 617-828-9131

Address with Zip Code: PO Bx 763 Middleton, Ma 01949

Emergency Contact 1: Susan Nazzaro Phone: 617-828-9191

Emergency Contact 2: Phone:

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
X Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Richard Nazzaro

Address with Zip Code: PO Bx 657 Middleton, Ma 01949

Partner's/Member's/Secretary's Name: Richard Nazzaro

Address with Zip Code: PO Bx 657 Middleton, Ma 01949

Partner's/Member's/Treasurer's Name: Same

Address with Zip Code:

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: Felbway 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 Somerville, Ma.

Selling + buying 2nd hand Vehicles (No parts)

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: Block Building, fenced yard.

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: Richard Heywood Date 11/17/10

Business Name: Ump Corp / United Motors

Business Address: 188 Broadway, Somerville, Ma 02145

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

**NOTICE OF PREMIUM DUE**  
\*\*\*\*\*

**CNA SURETY**

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

UMP CORPORATION/UNITED MOTORS  
188 BROADWAY  
SOMERVILLE, MA 02145

Bond/Policy#: 0601 696224  
Billing Date: 10/29/201  
Filing Date: 12/31/201  
Premium: \$

**Amount Due: \$250.00**

Bond/Policy#: **0601 69622423**  
Effective Date: 12/31/2010      Anniversary Date: 12/31/2011  
Penalty: \$25,000.00  
Name: UMP CORPORATION/UNITED MOTORS  
Description: MA SECOND HAND MOTOR VEHICLE DEALER  
Written By: WESTERN SURETY COMPANY

*pld 11/12/10.  
ck# 69*

GLASS & MIRROR INC  
CNA Surety  
has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT  
payment allows us to issue or continue your bond/policy coverage.  
written.

11/12/2010

250.00

Disbursement

DELUXE CORP 1+800-328-0304 www.deluxeforms.com

250.00

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

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

UMP Corp / United Motors

\*Signature of Individual or Corporate Name (Mandatory)

Richard Maynard

By: Corporate Officer (Mandatory, if a corporation)

043457276

\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



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: ump Corp / united motors.

Address of taxpayer/applicant's business in Somerville: 188 Broadway

Address of taxpayer/applicant's home in Somerville: 190 Broadway

Taxpayer/applicant's phone: day: <sup>617</sup> 666 2400 evening: <sup>617</sup> 623 3147

I, (print name) Richard Nazzaero, 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 17<sup>th</sup> day of November, 2010. Richard Nazzaero  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate # 14489131       Water/Sewer # 10106700       Personal Property # 09980029       Other: # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: A

ORIGINAL STAMP:

**Received**  
11-30-10

**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: Ump Corp / United Motors

Address: 188 Broadway

City: Somerville. State: Me. Zip: 02145 Phone #: 617 666 2400

- |   |  |
|---|--|
| <input type="checkbox"/> I am an employer with <u>0</u> 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 checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input 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: \_\_\_\_\_

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: Richard Nazzaro Date: 12/17/10

Print Name: Richard Nazzaro

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: _____	Permit/License #: _____	<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 _____
Contact Person: _____	Phone #: _____	