



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

2015 NOV 19 P 2:27

**Application to Renew Used Car Dealer License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**BROADWAY BRAKE CORPORATION**  
**PO BOX 45459**  
**SOMERVILLE MA 02145**

**License #:** BL15-000015  
**File #:** 15-18  
**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)
<b>Business/DBA Name:</b> BBS SERVICES <b>Business Location:</b> 45 BROADWAY <b>Business Phone:</b> 617-666-1100	Broadway Brake
<b>License Holder:</b> BROADWAY BRAKE CORPORATION PO BOX 45459 SOMERVILLE MA 02145	
<b>Mailing Address:</b> BROADWAY BRAKE CORPORATION PO BOX 45459 SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation PHILIP D'ANGELO PHILIP D'ANGELO CHARLOTTE D'ANGELO	
<b>FID:</b> 042954750	
<b>Emergency Contact:</b> PHILIP D'ANGELO <b>Phone:</b> 617-719-8581	
<b>Dealership Class:</b> Class 2 <b># of Vehicles Kept Inside:</b> 0 <b># of Vehicles Kept Outside:</b> 3 <b>Proposed Hours of Operation if operating outside standard hours:</b> m-f 8-7, sa 8-3	

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: \_\_\_\_\_

Printed Name: Philip D'Angelo

Phone: 617-666-1100

# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 70258353

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: March 5, 2007

That we, Broadway Brake Corp.

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., Somerville, MA 02143

by First Class U.S. Mail.

Address

Dated this 6th day of March, 2007.



Broadway Brake Corp., Principal

By: \_\_\_\_\_

WESTERN SURETY COMPANY, Surety

By: Paul T. Bruflatt

Paul T. Bruflatt, Senior Vice President



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Broadway Brake Corp

Address of taxpayer/applicant's business in Somerville: 45 Broadway

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

Taxpayer/applicant's phone: day: 617-666-1100 evening: \_\_\_\_\_

I, (print name) Philip D'Angelo, 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 16<sup>th</sup> day of November, 20 15. Philip D'Angelo  
(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: \_\_\_\_\_

# 1977 # 101004001 # 132 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED  
UBanay  
11-19-15

**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: Broadway Brake Corp  
Address: 45 Broadway  
City: Somerville State: MA Zip: 02145 Phone #: 617-666-1100  
☒ I am an employer with 16 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: The Travelers Indemnity Co. of America  
Address: Commercial Lines-F 2420 Lakemont Ave., suite 200  
City: Orlando State: FL Zip: 32814 Phone #: 1-800--443-4404  
Policy #: 6HUB-0G02564-A-15 Expiration Date: 05-13-2016

**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: *Philip D'Angelo* Date: 11/16/15  
Print Name: Philip D'Angelo

*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 \_\_\_\_\_