

6 AUTOS IN

## SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date April 7, 2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/8/11 - MS  
Amount Paid \$500.00 ck#33969

☐ New Application  
☐ Renewing Application with Additions or Changes  
☒ Renewing Application with NO Additions or Changes

Check one: ☐ Class 1 ☒ Class 2 ☐ Class 3

Business Name: James A. Kiley Co. Phone: 617-776-0344

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 15 Linwood St. Somerville, MA 02143

Tax Identification Number: 04-1505600 Check one: ☐ SSN ☐ FEIN

Mailing Name (where we should send correspondence to): James A. Kiley

Address with Zip Code: 15 Linwood St. Somerville, MA 02143

Property Owner Name: John C. Kiley Phone: 617-776-0344

Address with Zip Code: 9 Edmonds Way Belmont, MA 02478

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☒ 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: John C. Kiley

Address with Zip Code: 9 Edmonds Way Belmont, MA 02478

Partner's/Member's/Secretary's Name: John C. Kiley

Address with Zip Code: 9 Edmonds Way Belmont, MA 02478

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

2011 APR -8 A 11:17  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: \_\_\_\_\_

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 4-9-07

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: \_\_\_\_\_

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: John C. Kiley Date 4-7-11

Business Name: James A. Kiley Co.

Business Address: 15 Linwood St. Somerville, MA 02143

## 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: John C. Kiley Date: 4-7-11

Print Name: John C. Kiley Title: President

### POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

USI Ins Serv of MA, Inc.

P.O. Box 3716 \* Norfolk, VA 23514-3716

## -----INVOICE-----

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

Invoice Date 12/10/10  
Invoice No. 790340  
Bill-To Code JAMESKIL  
Client Code JAMESKIL  
Inv Order No. 801\*2775053  
Payment Due  
Amount Remitted: \$

Named Insured: James A Kiley Co

Please return this portion with your payment.

Make checks payable to: USI Ins Serv of MA, Inc.

| Effective Date                             | Policy Period              | Coverage Description  | Transaction Amount              |
|--|----------------------------|---|---------------------------------|
| 12/10/10                                   | 12/10/10<br>to<br>12/10/11 | Liberty Mutual Ins Companies<br>Policy No. 94A027976<br>*Renewal - Miscellaneous Bond | 250.00                          |
|  |                            | Invoice Number: 790340 Amount Due:  | 250.00                          |
|  |                            |   | <i>010<br/>Jek<br/>12-15-10</i> |
| Premiums Due and Payable on Effective Date |                            |   |                                 |

**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.

James A. Kiley Co.

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

04-1505600

\_\_\_\_\_  
\*\*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: James A. Kiley Co.

Address of taxpayer/applicant's business in Somerville: 15 Linwood St. Somerville, MA, 02143

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

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 7 day of

April, 20 11. 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: \_\_\_\_\_

# 89000152 # 145032001 # 30051028 # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** URB

**ORIGINAL STAMP:** **received**  
**BARROWS**

4-8-11

**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 Co.

Address: 15 Linwood St.

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

- ☒ I am an employer with \_\_\_\_\_ employees Business Type: ☐ Retail  
(full and/or part time). ☐ Restaurant/Bar/Eating Establishment  
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)  
employees. ☐ Nonprofit  
☐ We are a corporation that has exercised our right of ☐ Entertainment  
exemption per c152 s1(4), and have no employees. ☒ Manufacturing  
☐ We are a nonprofit organization staffed by ☐ Health Care  
volunteers and have no employees. ☐ Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: U.S.I. Insurance Services of MA

Address: 12 Gill Street, Suite 5500

City: Woburn State: MA Zip: 01801 Phone #: 800-842-1218

Policy #: 94A027976 Expiration Date: 12/11

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

Print Name: \_\_\_\_\_

**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 \_\_\_\_\_