



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

Application to Renew Used Car Dealer License

RWC AUTO GROUP LLC
8 REINHARD DRIVE
NORTON MA 02766

License #: BL15-000986
File #: 15-780
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: BEACON AND PARK AUTO SALES Business Location: 75 PARK ST Business Phone: 774-265-0439	
License Holder: RWC AUTO GROUP LLC 8 REINHARD DRIVE NORTON MA 02766	
Mailing Address: RWC AUTO GROUP LLC 8 REINHARD DRIVE NORTON MA 02766	
Business Type: LLC RUSSELL CHILDERS	
FID: 455041821	
Emergency Contact: RUSSELL CHILDERS Phone: 774-265-0439	774-265-0439
Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 14 Proposed Hours of Operation if operating outside standard hours: Mon-Fri 8AM-6PM, Sat 8AM-2PM, Sun Closed	

2015 DEC 31 P 5:03
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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: Russell Childers Date: 12/23/15
 Printed Name: Russell Childers Phone: 774-265-0439



Confirmation

Payments made before 5pm (CDT) will be posted to your account the next business day. Payments made after 5pm (CDT) may not be posted to your account for up to two business days.

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **CNASUR000206420**

Payment Details

Description CNA Surety
Bond/Policy

Payment Amount \$250.00

Payment Date 04/17/2015

Status SCHEDULED

Bond/Policy # 71261989

Writing Company 0601 - Western Surety Company

Payment Method

Bank Routing Number 211070175

Bank Name RBS CITIZENS, NATIONAL ASSOCIATION

Bank Account Number *8826

Bank Account Type Checking

Bank Account Category Business

Confirmation Email rwc7176@comcast.net



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

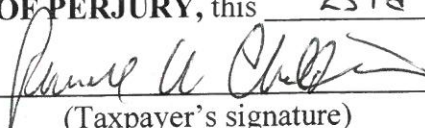
Exact name of taxpayer/applicant's business: BEACON and Park Auto Sales

Address of taxpayer/applicant's business in Somerville: 75 Park St.

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

Taxpayer/applicant's phone: day: 774-265-0439 evening: _____

I, (print name) Russell Childers, 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 23rd day of December, 2015. 
(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: _____

NA # NA # NA # _____

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: RWC Auto Group LLC
 Address: 75 Park St.
 City: Somerville State: MA Zip: 02143 Phone #: 774-265-0439

- I am an employer with 2 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 used Car Sales

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM Mutual Insurance Company
 Address: 54 Third Ave
 City: Burlington State: MA Zip: 01803 Phone #: 800-876-2765
 Policy #: AWC-400-7026256-2015A Expiration Date: 4/19/16

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: Russell A Childers Date: 12/23/15
 Print Name: Russell A. Childers

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

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____
 Contact Person: _____ Phone #: _____