

10 AUTOS OUTSIDE

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date NOVEMBER 12, 2010

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	11-18-10
Amount Paid	500.00

New Application Check one: Class 1 Class 2 Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: UNLIMITED AUTO BODY, INC. Phone: 617-623-8650

Business DBA Name (if applicable):

Address with Zip Code: 471 SOMERVILLE AVE. SOMERVILLE, MA. 02143

Tax Identification Number: 04-2757489 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): CARLO BARLETTA

Address with Zip Code: P.O. BOX 80525 STONEHAM, MA. 02180

Property Owner Name: CARLO BARLETTA Phone: 617-623-8650

Address with Zip Code: P.O. BOX 80525 STONEHAM, MA. 02180

Emergency Contact 1: CARLO BARLETTA Phone: 781-438-3651

Emergency Contact 2: PIERO IANNETTA Phone: 781-890-9469

Type of Business (Check one): Sole Proprietor Partnership (inc. LEP) 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: CARLO BARLETTA

Address with Zip Code: 15 NIXON LN. STONEHAM, MA. 02180

Partner's/Member's/Secretary's Name: PIERO IANNETTA

Address with Zip Code: 33 HOBBS BROOK RD. WALTHAM, MA. 02451

Partner's/Member's/Treasurer's Name: PIERO IANNETTA

Address with Zip Code: 33 HOBBS BROOK RD. WALTHAM, MA. 02451

CITY CLERK'S OFFICE
SOMERVILLE, MA

2010 NOV 18 P 5:56

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: UNLIMITED AUTO BODY, INC.

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 1982 TO PRESENT
SOMERVILLE, MA.

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: _____

PARKING FOR 10 CARS OUTSIDE, 4,000 SQ. FT. WITH FENCED IN 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.

X Signature of Applicant: [Signature] Date NOVEMBER 12, 2010

Business Name: UNLIMITED AUTO BODY, INC.

Business Address: 471 SOMERVILLE AVE. 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: _____ Date: _____

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature: _____ Name and Title: _____

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company,
hereby continues in force its MA Used Car Dealer Bond Number S-244423
in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Unlimited Auto Body Inc.

located at

471 Somerville Avenue
Somerville, MA 02143

in favor of

City of Somerville, MA

for the term beginning December 31st, 2010 and ending on December 31st, 2011,

subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, November 3, 2010

NGM Insurance Company

By: 

Philip B. Crawford
A. A. DORITY Company, Inc.
262 Washington Street, Suite 99
Boston, MA 02108
(617) 523-2935

Attorney-in-Fact

**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.

UNLIMITED AUTO BODY, INC.

*Signature of Individual or Corporate Name (Mandatory)

X 

PRESIDENT

By: Corporate Officer (Mandatory, if a corporation)

04-2757489

**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: UNLIMITED AUTO BODY, INC.

Address of taxpayer/applicant's business in Somerville: 471 SOMERVILLE AVE. SOMERVILLE, MA.
02143

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

Taxpayer/applicant's phone: day: 617-623-8650 evening: _____

I, (print name) CARLO BARLETTA, 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 12th day of NOVEMBER, 20 10.
[Signature]
(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: ____
02035167 # 248087001 # 06890022 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
11-18/10

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: CARLO BARLETTA
Address: 15 NIXON LN.
City: STONEHAM, State: MA. Zip: 02180 Phone #: 617-623-8650

- 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 AUTO BODY REPAIRS

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: EXEMPT - SEE FORM ATTACHED
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 DfA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

X Signature: [Signature] Date: NOVEMBER 12, 2010
Print Name: CARLO BARLETTA (PRESIDENT)

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

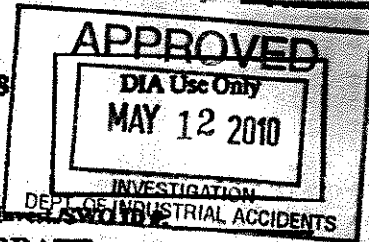
City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
 Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

FORM 153



The Commonwealth of Massachusetts

Department of Industrial Accidents
Office of Investigations - Dept. 153
600 Washington Street - 7th Floor, Boston, Massachusetts 02111
http://www.mass.gov/dia



AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS OR DIRECTORS

Chapter 169 of the Acts of 2002 amended M.G.L. c. 152, §1(4) by adding the following paragraph:

"This chapter shall be elective for an officer or director of a corporation who owns at least 25 percent of the issued and outstanding stock of the corporation. Notwithstanding section 46, these provisions shall apply only if the corporate officer provides the commissioner of industrial accidents with a written waiver of his rights under this chapter. Said commissioner shall promulgate regulations to carry out the purpose of this paragraph. Violations of this paragraph shall subject the corporation to the penalties set forth in section 25C."

Pursuant to M.G.L. c. 152, §1(4) as amended, I/We the undersigned officers of:

UNLIMITED AUTO BODY INC. 471 SOMERVILLE AV. SOMERVILLE MA 02143
(Name of Corporation and Address)

each holding at least 25% of the issued and outstanding stock in said corporation, do hereby invoke the right to be exempt from the provisions of M.G.L. c. 152, §25A and therefore are not required to carry a workers' compensation policy covering the undersigned corporate officer(s) or director(s). I/We the undersigned do also waive any and all rights to make claims for benefits as defined in M.G.L. c. 152 for any injuries that may be sustained while in the employ of the above-named corporation.

Further, I/we the undersigned do understand that, should the above-named corporation hire or have in its employ any employee(s) in addition to the undersigned corporate officer(s) or director(s), said corporation is required to obtain workers' compensation coverage for the employee(s) as prescribed by M.G.L. c. 152, §25A.

I/We the undersigned have read and understand the statements and obligations as delineated above and I/we have checked the appropriate box below my/our name(s) indicating my/our desire to be exempt or not to be exempt from the provisions of M.G.L. c. 152.

Signed under the pains and penalties of perjury:

Signature: Carlo Barletta, Print Name & Title: CARLO BARLETTA PRES., Date: 5-1-10
[X] I wish to exercise my right of exemption or [] I wish NOT to exercise my right of exemption

Signature: Piero Lannetta, Print Name & Title: PIERO LANNETTA, Date: 5-1-10
[X] I wish to exercise my right of exemption or [] I wish NOT to exercise my right of exemption

Signature: [], Print Name & Title: [], Date: []
[] I wish to exercise my right of exemption or [] I wish NOT to exercise my right of exemption

Signature: [], Print Name & Title: [], Date: []
[] I wish to exercise my right of exemption or [] I wish NOT to exercise my right of exemption

Note: ALL ELIGIBLE CORPORATE OFFICERS MUST SIGN. THERE CAN BE NO MORE THAN 4 SIGNATURES. Instructions on back.

RECEIVED stamp: 2010 MAY 11 P 1:16, DIA - INVESTIGATION