



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

Docket #: 198262
License #: BL15-001130
File #: 15-001667

*APPLYING TO EXTEND
LICENSE TO 12/31/2015.*

Used Car Dealer

All Rite Collision LLC
38-42 Medford Street
Somerville MA 02143

License Expires: 03/28/2015

This is to certify that **All Rite Collision LLC, dba Instacar**, has been granted a /an **Used Car Dealer** license in the City of Somerville, ONLY at the following address: 38 Medford ST

This license is issued subject to the provisions of the General Laws of the Commonwealth, all ordinances of the City, and all regulations or conditions of the BOARD OF ALDERMEN, including but not limited to any specific conditions listed below.

License Information:

Dealership Class: Class 2

of Vehicles Kept Inside: 0

of Vehicles Kept Outside: 4

Proposed Hours of Operation: Mon-Fri 8AM-6PM Sat 8AM-2PM Sun Closed

Approved for 4 cars outside only, for 30 days.

Attest for the BOARD OF ALDERMEN:

John J Long

This license is NOT Transferable, and no changes may be made to this license without the approval of the BOARD OF ALDERMEN.
This license must be posted in a conspicuous place on the premises.



15-001667
36 15-000002

CITY OF SOMERVILLE, MASSACHUSETTS
BOARD OF ALDERMEN

Docket # 198262

License/Permit
Used Car Dealer's License Class 2 - New

Regular Meeting, February 12, 2015
Item ID 10812

SUMMARY: New Used Car Dealer Class 2 License, Instacar, 38-42 Medford St., 10 autos outside.

COMPLETE TEXT:

See Attachment.

RESULT: APPROVED AS AMENDED

Approved for 4 autos outside, for 30 days only.

APPROVED AS AMENDED BY THE BOARD OF ALDERMEN OF THE CITY OF SOMERVILLE, MA, AT A REGULAR MEETING ON THE 12th DAY OF FEBRUARY, 2015.

Skipped BY THE MAYOR OF THE CITY OF SOMERVILLE, MA, ON THE 12th DAY OF FEBRUARY, 2015.

ATTEST:

John J. Long, City Clerk

Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Y __ N X

Is your principal business the sale of new motor vehicles? Y __ N X

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 X

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 X

Have you ever obtained a license to deal in second hand motor vehicles or parts? Y __ N X

If yes, list year, city and state _____

Have you ever been denied a license to deal in second hand motor vehicles or parts? Y __ N X

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 X

If yes, list year, city and state _____

I request permission to store 0 vehicles inside the building, and 10 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

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. 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.

Signature of Applicant: _____ Date 9/15/2014

Business Name: All Rite Auto Collision LLC

Business Address: 38 - 42 Medford St. Somerville, MA 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BA 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: 10 inside

4 + 6 outside

Signature: [Signature] Date: 9-18-14

Print Name: Leo J. Karapothas Title: Bldg Insp

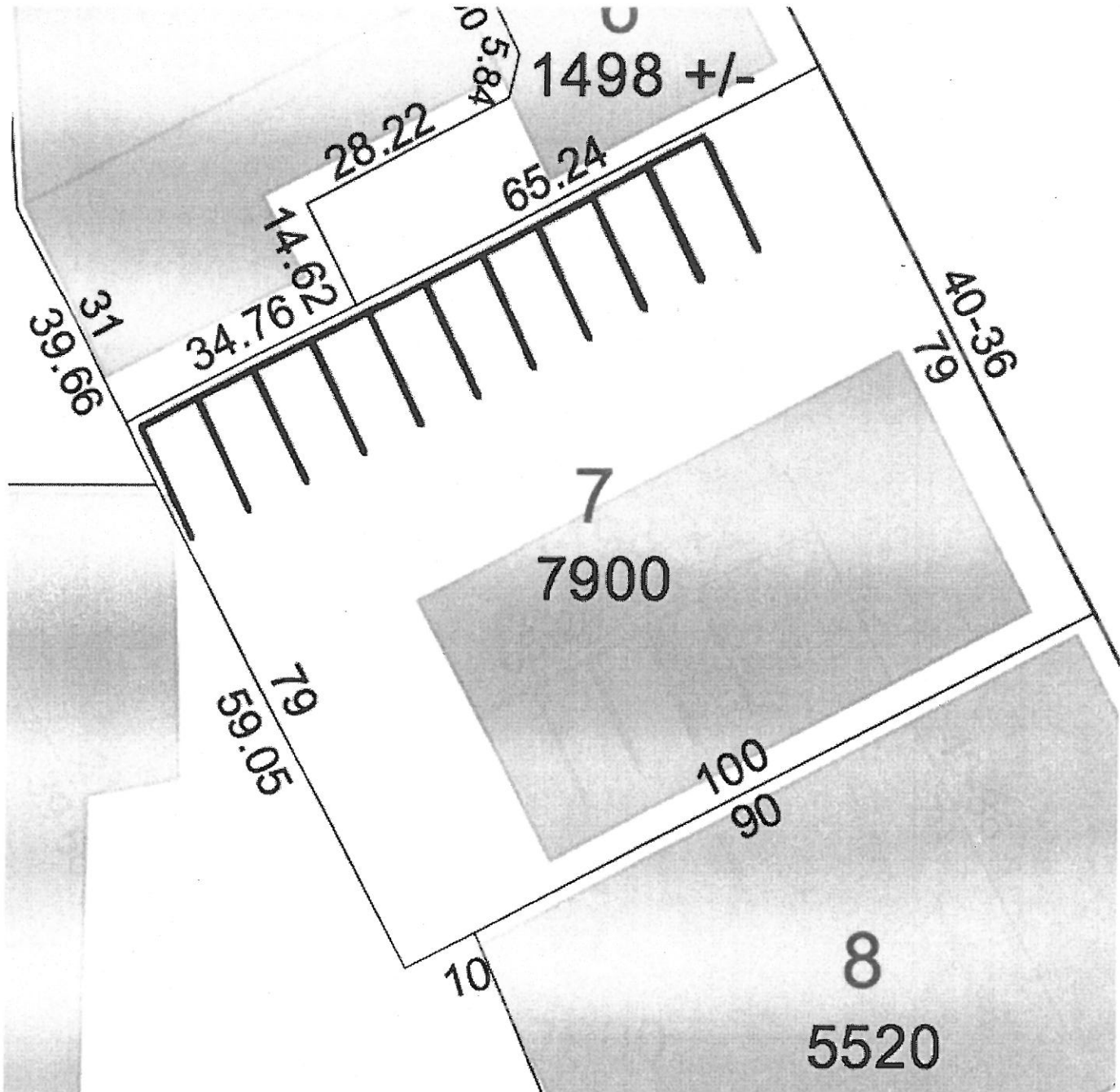
POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: [Signature] Name and Title: Paul R. Taint

Deputy Chief



MASSACHUSETTS USED CAR DEALER'S BOND

Bond No. 3036218

Effective Date: 01/01/2015

KNOW ALL MEN BY THESE PRESENTS, that we, ALL RITE COLLISION LLC
of 38 Medford St. Somerville Massachusetts 02143, as Principal, and Great American Insurance Company, a
corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly
bound unto City of Somerville, MA, as Obligee, for the benefit of all natural persons who suffer loss as
defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason
of purchase of a motor vehicle from the said Principal, in the sum of twenty five thousand (\$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 Dealer having an established place of business at 38 Medford St. Somerville Massachusetts 02143
in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section
58.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall faithfully observe the
provisions of Chapter 140, Section 58 as amended by Chapter 422 of the Acts of 2002, then this obligation shall be
void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in
no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years
the bond remains in force.

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. Notice of any suit under this
bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to
be prima facie evidence of compliance with this requirement of notice). This bond shall cover only those acts and
omissions as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of
2002.

This bond shall be continuous and may be cancelled by the Surety by giving sixty (60) days notice in writing by
certified mail to the Obligee and bond shall be deemed canceled.

Dated this 02nd day of December, 2014.

ALL RITE COLLISION LLC, Principal
By: [Signature]
Great American Insurance Company, Surety
By: [Signature]
John D. Weisbrodt, Attorney-in-Fact

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than **THREE**

No. 0 20281

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
JOHN D. WEISBROT	ALL OF	ALL
PATRICIA A. TINSMAN	PIPERSVILLE, PENNSYLVANIA	\$1,000,000
RICK A. BREDOW		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this **29TH** day of **JANUARY**, 2014
Attest **GREAT AMERICAN INSURANCE COMPANY**



Atty L C B

Assistant Secretary

David C. Kitchin

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this **29TH** day of **JANUARY**, 2014, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Shelle Clontz
Notary Public, State of Ohio
My Commission Expires 08-09-2015

Shelle Clontz

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this *2nd* day of *December*, 2014.



Atty L C B

Assistant Secretary



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: All Rite Collision LLC

Address of taxpayer/applicant's business in Somerville: 38-43 Medford St.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (617) 868-8580 evening: (781) 316-5342

I, (print name) Alec Arzumanyan, 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 15th day of September, 20 14. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 12-8-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
9963 # 14503601 # 799 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP: 12-8-14 [Signature]

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: All Rite Auto LLC
Address: 38 - 42 Medford St.
City: Somerville State: MA Zip: 02143 Phone #: (617) 868-8580

- I am an employer with _____ 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 Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Hartford
Address: 175 Federal St.
City: Boston State: MA Zip: 02110 Phone #: 1-866-467-8730
Policy #: 6S60UB-4263P08-3-14 Expiration Date: 06/17/2015

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:  Date: 9/15/2014
Print Name: Alec Arzumanyan

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 _____