



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**FMS AUTO SALES LLC
682 MYSTIC AVE
SOMERVILLE, MA 02145**

License #: **1022**

Fee: **.00**

Account ID: **798**

Reference #: **1022**

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: AMERICAN AUTO GALLERY Business Location: 682 MYSTIC AVE Business Phone: 617-440-6651	
License Holder: FMS AUTO SALES LLC 682 MYSTIC AVE SOMERVILLE, MA 02145 617-440-6651	
Mailing Address: FMS AUTO SALES LLC 682 MYSTIC AVE SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) MANAGER - FADI SULEIMAN	
FID: 460627833	
Food Manager/Emergency Contact: FADI SULEIMAN 617-669-2950	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **M-TH 9-7P, F-SA 9-6P, SU 12-5P**

20 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

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 11-13-2014

Print Name: Fadi M. Suleiman

Phone 617-669-2950

BOND DEPARTMENT

AGENCY: 20-1159 Phil Richard Insurance Inc

CONTINUATION CERTIFICATE	BOND	S-818262
---------------------------------	-------------	----------

Principal:
FMS Auto Sales LLC dba American Auto Gallery
682 Mystic Ave
Somerville, MA 02145

Obligee:
City of Somerville
City Hall
93 Highland Ave
Somerville MA 02143

Bond Term in Months: 12 **Effective Date:** 9/25/2014 **Expiration Date:** 9/25/2015
Penalty Amount: \$25,000 **Type of Bond:** License
Classification: Used Motor Vehicle Dealer MA

Remarks:


It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

NGM INSURANCE COMPANY

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Direct Bill



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: FMS Auto Sales LLC @ BA American Ant & Galler

Address of taxpayer/applicant's business in Somerville: 682 Mystic Ave Somerville MA 02145

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

Taxpayer/applicant's phone: day: 617-440-6651 evening: 617-669-2950

I, (print name) Fadi M. Suleiman, 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 _____ day of

_____, 20____.

(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 # 24800501 # 901 # _____

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 Business

Applicant information:

Name: FMS Auto Sales LLC DBA American Auto Gallery

Address: 682 Mystic Ave

City: Somerville State: MA Zip: 02145 Phone #: 617-440-6651

- I am an employer with 2 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: A.L.M. Mutual

Address: 54 Third Avenue P.O. Box 4070

City: Burlington State: MA Zip: 01803 Phone #: 781-270-8740

Policy #: VWC-100-6018435-2014A Expiration Date: 03-28-2015

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 year's 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: [Signature] Date: 11-13-2014

Print Name: Fadi M. Suleiman

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 #: _____