

NO CARS ON SITE

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$550.00
CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 NOV 22 A 8:40

Date

New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes
Check one: Class 1 Class 2 Class 3

Business (DBA) Name: Motorcycles and More LLC Phone: 617-620-2893

Business Location (with Zip Code): 109 Bailey Rd. Somerville, MA 02145

Applicant's Legal Name: Michael W. Hemiwox

Applicant's Address (with Zip Code): 109 Bailey Rd. Somerville, MA 02145

Applicant's Email Address: mike.in.boston1@gmail.com

Applicant's Federal Employer Identification Number: 208567330

Mailing Name (where we should send correspondence to): Motorcycles and More LLC

Mailing Address (with Zip Code): 109 Bailey Rd. Somerville, MA 02145

Emergency Contact: Mary Hemiwox Phone: 508-888-2120

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:
Address with Zip Code:

Partner's/Member's/Secretary's Name:
Address with Zip Code:

Partner's/Member's/Treasurer's Name:
Address with Zip Code:

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: Pilgrim Powers Sports

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 2009, 2010, 2011 Somerville

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: Home based office

Sales are conducted on-line

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:

NA

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: [Handwritten Signature] Date _____

Business Name: Motorcycles and More, LLC

Business Address: 109 Bailey Rd. Somerville, MA 01455

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: _____


Check Image

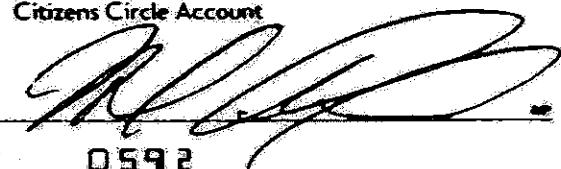
Print

 **MICHAEL W. LEMIEUX** 06/07 **592**
 107 BAILEY RD.
 SOMERVILLE, MA 02146

11/1/11 Date
 6-7017/2110
 611

Pay to the order of CNA Surety \$ 250.00
two hundred fifty + 00/100 Dollars

 **Citizens Bank**
 Massachusetts

For Motorcycles and More Band Citizens Circle Account


⑆266070675⑆ 6360347796⑆ 0592

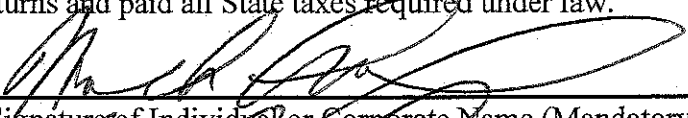
PrivateBank CHI
 dep. to cr. payee
 abs. of end. gtd.
 >>071006486<<
 20111105
 0710064862207941
 802876

CLOSE

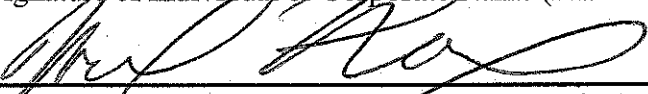
This is an image of an item (check, substitute check, or debit memo) which has posted to your account. Items resulting in a non-sufficient funds situation may not have been paid. Unpaid items will show as a credit item in your account history on the business date following the date the item was presented.

**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.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

208567330

**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: Motorcycles and More, LLC

Address of taxpayer/applicant's business in Somerville: 109 Bailey Rd Somerville, Ma 02145

Address of taxpayer/applicant's home in Somerville: 109 Bailey Rd. Somerville, Ma 02145

Taxpayer/applicant's phone: day: 617-620-2813 evening: _____

I, (print name) Michael V. Lemieux, 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: _____

747 # 1341025001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 RECEIVED
UB
11-22-11

**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: Motorcycles and More LLC

Address: 109 Bailey Rd

City: Somerville State: Mei Zip: 02145 Phone #: 617-620-2893

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

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 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: 11/22/11

Print Name: Michael Hemfaw

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 #: _____

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other