



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

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**JAMES A. KILEY CO.**  
**15 LINWOOD ST**  
**SOMERVILLE, MA 02143**

License #: **1021**

Fee: **550.00**

Account ID: **797**

Reference #: **1021**

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: <b>JAMES A. KILEY CO.</b> Business Location: <b>15 LINWOOD ST</b> Business Phone: <b>617-776-0344</b>	
License Holder: <b>JAMES A. KILEY CO.</b> <b>15 LINWOOD ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-0344</b>	
Mailing Address: <b>JAMES A. KILEY CO.</b> <b>15 LINWOOD ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN KILEY</b> <b>SECRETARY - JOHN KILEY</b> <b>TREASURER - JOHN KILEY</b>	
FID: <b>041505600</b>	
Food Manager/Emergency Contact: <b>JAMES A. KILEY</b>	

2014 JAN 30 A 11:53  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**6 VEHICLES INSIDE**

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: *John C. Kiley* Date 1/28/14

Print Name: John C. Kiley Phone 617-776-0344



Wausau  
2000 Westwood Drive  
Wausau, WI 54401  
800-826-1661 Fax: 715-843-3770

## Report of Renewal

Registered:  
Market Segment:  
Producer Name:  
Agency Code:

September 11, 2013  
LSF Commercial  
968048

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**Principal:**

James A Kiley Company  
15 Linwood Street  
Somerville, MA 02143-2112

**Account:**

James A Kiley Company  
15 Linwood Street  
Somerville, MA 02143-2112

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**Agency:**

USI Insurance Services LLC  
P.O. Box 6360  
Manchester, NH 03108

**Invoiced to:**

USI Insurance Services LLC  
P.O. Box 6360  
Manchester, NH 03108

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**LMS Bond Number:** 94A027976**Cross Reference:** QL1-J11-020791-333**Obligee:**

City of Somerville  
93 Highland Avenue City Hall  
Somerville, MA 02143

**Additional Obligees:**

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**Bond Period:** 12/10/2013 to 12/10/2014**Transaction Eff. Date:** 12/10/2013**Cancellation Provision:** 30 Days**Premium Period:** 12/10/2013 to 12/10/2014**Company:** Liberty Mutual Insurance Company**Renewal Type:** Continuous Until Canceled**Bond Amount:** 25,000.00 USD**Class Code:** 929**Co-surety:**

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**Bond Description:**

License and Permit Bond - license for sale of second hand motor vehicles

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**Transaction Comments:**

System auto renewal transaction

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**Amt in USD**

Bond Premium:	Commission:
250.00	75.00

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**Net Premium:** 175.00



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: James A. Kiley Co.

Address of taxpayer/applicant's business in Somerville: 15 Linwood St.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-776-0344 evening: \_\_\_\_\_

I, (print name) John C. Kiley, 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 28 day of  
January, 20 14.

*John C. Kiley*  
(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: \_\_\_\_\_

# 9124      # 145031001      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** UR

**ORIGINAL STAMP:**



RECEIVED  
UBA  
1-20-14

**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: James A. Kiley Co.

Address: 15 Linwood St.

City: Somerville State: MA Zip: 02143 Phone #: 617-776-0344

☒ I am an employer with 40 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: New Hampshire Employees Ins. Co.

Address: 54 Third Ave.

City: Burlington State: MA Zip: 01803 Phone #: 781-938-7500

Policy #: ECC4000433012012 Expiration Date: 9/30/14

**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: John C. Kiley Date: 1/29/14

Print Name: John C. Kiley

*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 \_\_\_\_\_