

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

License #:

1021

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

Fee:

550.00

Account ID:

797

Reference #:

1021

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: JAMES A. KILEY CO. Business Location: 15 LINWOOD ST Business Phone: 617-776-0344				
License Holder: JAMES A. KILEY CO. 15 LINWOOD ST SOMERVILLE, MA 02143 617-776-0344				
Mailing Address: JAMES A. KILEY CO. 15 LINWOOD ST SOMERVILLE, MA 02143				
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN KILEY SECRETARY - JOHN KILEY TREASURER - JOHN KILEY	TY CLERK SOMERVIL			
FID: 041505600				
Food Manager/Emergency Contact: JAMES A. KILEY	OFFICE MA			

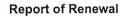
Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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 Al -I have filed all State tax returns and paid all State taxes required by I	aw for this business.
Signature: John C Tly	Date1/28/14
Print Name: Nohn C. Kiley	Phone 617-776-0344





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

Registered: Market Segment: Producer Name: Agency Code: September 11, 2013 LSF Commercial

968048

Principal:

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

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

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

LMS Bond Number:

94A027976

Cross Reference:

Additional Obligees:

QL1-J11-020791-333

Obligee:

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

Bond Period:

12/10/2013 to 12/10/2014

Cancellation Provision:

30 Days

Company: Liberty Mutual Insurance Company

Bond Amount:

25,000.00 USD

Transaction Eff. Date:

12/10/2013

Premium Period:

12/10/2013 to 12/10/2014

Renewal Type:

Continuous Until Canceled

Class Code:

929

Co-surety:

Bond Description:

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

Transaction Comments:

System auto renewal transaction

Amt in USD

Bond Premium:

Commission:

250.00

75.00

Net Premium:

User:

175.00

S. User Printed: 09/30/2013



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/app	olicant's business:	James A.	Kiley Co.		
Address of taxpayer/applica	ant's business in Somer	ville: 15	Linwood St.		
Address of taxpayer/applica	ant's home in Somervill	le:	27		
Taxpayer/applicant's phone	e: day: <u>617-776-0</u> ;	344 evening	g:		
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 day of					
January	, 2014	John C	Haley		
		(Taxp	payer's signature	e)	
CITY'S ACKNOWLEDGEMENT					
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POS	STINGS THROUGH:		
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:					
☐ Real Estate	□Water/Sewer	☐ Personal l	Property	Other:	
# 9124	#145031001	#		#	
NOTES:					
CLERK'S INITIALS:	LRS_	ORIGINAL	STAMP:	57.	

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	
Retail Restaurant/Bar/Eating Establishment Restaurant/Bar/Eating Establishment Restaurant/Bar/Eating Establishment Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other Other Other Other Other Other Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other	
The Control of the Co	
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 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 \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DI for coverage verification.	ot
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.	
Signature:	_
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 #: Board of Health Building Department City/Town Clerk Licensing Board of Health City/Town Clerk City/Town Clerk Construction City/Town Clerk Construction Constr	
Contact Person: Phone #: Selectmen's Office Other	

(revised Jan. 2008)