



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**SOOREN INC
BROADWAY AUTO SALES
525 BROADWAY
SOMERVILLE, MA 02145**

License #: 36
Fee: .00
Account ID: 39
Reference #: 36

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: BROADWAY AUTO SALES Business Location: 525 BROADWAY Business Phone: 781-396-2990	
License Holder: SOOREN INC BROADWAY AUTO SALES 525 BROADWAY SOMERVILLE, MA 02145 781-396-2990	
Mailing Address: SOOREN INC BROADWAY AUTO SALES 525 BROADWAY SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - THOMAS NAREKIAN JR. SECRETARY - THOMAS NAREKIAN JR. TREASURER - THOMAS NAREKIAN JR.	
FID: 510441486	
Food Manager/Emergency Contact: TOM NAREKIAN JR. 617-201-3396	

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**

11 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: Thomas S. Narekian Jr. Date: 11-11-14
Print Name: Thomas S. Narekian Jr. Phone: 617-201-3396

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The **NGM Insurance Company**, hereinafter called the Company, hereby continues in force its **MA Used Car Dealer** Bond Number **S-244403**

in the sum of **Twenty-Five Thousand dollars (\$25,000.00)**

on behalf of

Sooren Inc. DBA Broadway Auto Sales

located at

525 Broadway
Somerville, MA 02143

in favor of **City of Somerville, MA**

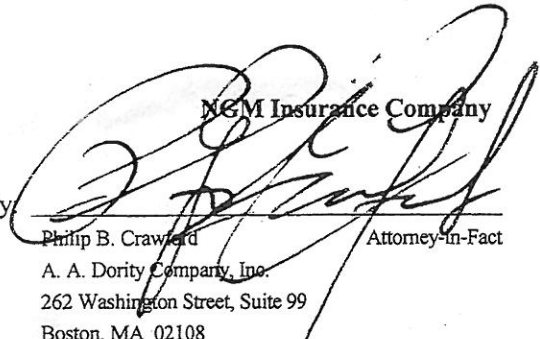
for the term beginning **December 31st, 2012** and ending on **December 31st, 2015**, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, December 6, 2012

By

NGM Insurance Company


Philip B. Crawford

Attorney-in-Fact

A. A. DORITY COMPANY, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOOREN INC. dba Broadway Auto Sales

Address of taxpayer/applicant's business in Somerville: 525 Broadway

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

Taxpayer/applicant's phone: day: 617-201-3396 evening: 617-201-3396

I, (print name) Thomas S. Narekian Jr., 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: 11-12-14 **INCLUDES RELEVANT POSTINGS THROUGH:** _____


TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

2214 # 201027d1 # 2016 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:  **RECEIVED**
11-12-14 

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: Soomen Inc. dba Broadway Auto Sales
Address: 525 Broadway
City: Somerville State: MA. Zip: 02145 Phone #: 617-201-3396

I am an employer with 3 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: Utica National Insurance Co. of Texas
Address: 180 Genesee St.
City: New Hartford State: NY Zip: 13413 Phone #: 800-274-1914
Policy #: 466 3411 Expiration Date: 7/26/15

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: 11-11-14
Print Name: Thomas S. Narekian Jr.

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 _____