



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**MOTORCYCLES & MORE LLC
109 BAILEY RD
SOMERVILLE, MA 02145**

License #: 28
Fee: .00
Account ID: 31
Reference #: 28

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: MOTORCYCLES & MORE LLC Business Location: 109 BAILEY RD Business Phone: 617-620-2893	2014 NOV 10 P 3:21 CITY CLERK'S OFFICE SOMERVILLE, MA
License Holder: MOTORCYCLES & MORE LLC 109 BAILEY RD SOMERVILLE, MA 02145 617-620-2893	
Mailing Address: MOTORCYCLES & MORE LLC 109 BAILEY RD SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) MANAGER - MICHAEL LEMIEUX	
FID: 208567330	
Food Manager/Emergency Contact: MARY LEMIEUX 508-888-2120	

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**

Description of Location and/or Other Conditions:
No Vehicles Allowed Onsite.

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: *Michael Lemieux* Date: 11/10/14
Print Name: Michael Lemieux Phone: ~~617-624-4421~~
617-620-2893

FINAL NOTICE OF PREMIUM DUE

If you have recently submitted your payment, please disregard this billing invoice.



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com

Company#: 0601
Bond/Policy#: 15232887
Billing Date: 11/07/2014
Due Date: 12/11/2014

MOTORCYCLES AND MORE
109 BAILEY ROAD
SOMERVILLE, MA 02145

Premium: \$250.00

Amount Due: \$250.00

Company#: 0601
Bond/Policy#: 15232887
Effective Date: 12/11/2014 Anniversary Date: 12/11/2015
Bond amount: \$25,000.00
Name: MOTORCYCLES AND MORE
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Please pay the amount indicated to CNA Surety immediately if payment has not yet been made. If payment is not received notice of cancellation may be issued. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (617)924-1100
Agency Code: 20-18005
Michals Insurance Agency, Inc.
85 Main Street
Watertown, MA 02472-4411

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666.

Amount Due: \$250.00

CNA Surety
Company#: 0601
Bond/Policy#: 15232887 Effective Date: 12/11/2014
Name: MOTORCYCLES AND MORE
Description: MA SECOND HAND MOTOR VEHICLE DEALER
Written By: WESTERN SURETY COMPANY
Agency Code: 20-18005 Michals Insurance Agency, Inc.

Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety Direct Bill
P.O. Box 957312
St Louis, MO 63195-7312

0003001 02018005000012112014 00601001523288700 00000002500001



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Motorcycles & 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: 617-620-2893 evening: 617-620-2893

I, (print name) Michael 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 10th day of November, 2014. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

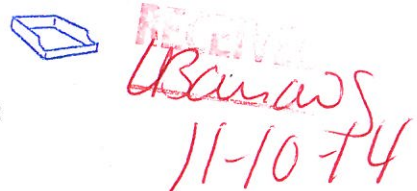
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

766 # 134025001 # _____

NOTES:

CLERK'S INITIALS: UR

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: Motorcycles & More LLC
Address: 109 Bailey Rd.
City: Somerville State: Ma Zip: 02145 Phone #: 617-620-2893

- I am an employer with _____ 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 wholesale

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: 11/10/14
Print Name: Michael Kernick

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 _____