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

DEC 23 10 31 39

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

License #: 993

MASS AUTO BROKERS INC.
631 SOMERVILLE AVE
SOMERVILLE, MA 02143

Fee: 550.00
Account ID: 785
Reference #: 993

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: MASS AUTO BROKERS INC. Business Location: 631 SOMERVILLE AVE Business Phone: 857-251-9723	
License Holder: MASS AUTO BROKERS INC. 631 SOMERVILLE AVE SOMERVILLE, MA 02143 857-251-9723	
Mailing Address: MASS AUTO BROKERS INC. 631 SOMERVILLE AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ADILSON OLIVEIRA SECRETARY - ADILSON OLIVEIRA TREASURER - ADILSON OLIVEIRA	
FID: 451750608	
Food Manager/Emergency Contact: ADILSON OLIVEIRA 857-246-2337 * 857 234-4218 ★	

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**

- 7 VEHICLES INSIDE
- 2 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: *Adilson P. De Oliveira* Date: 12/23/13
Print Name: ADILSON P. De Oliveira Phone: 857-234 4218



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/23/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AMAZONIA Insurance Agency Inc. 66 Bow Street Somerville, MA 02143	CONTACT NAME: PHONE (A/G, No, Ext): (617) 625-1900		FAX (A/C, No): (617) 666-0037
	E-MAIL ADDRESS:		
INSURED MASS AUTO BROKERS INC ADILSON P DE OLIVEIRA 631 SOMERVILLE AVE SOMERVILLE, MA 02143		INSURER(S) AFFORDING COVERAGE INSURER A: AIM Mutual Insurance Co	NAIC #
		INSURER B: WESTERN SURETY COMPANY	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRE AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	VWC10060169142013A	12/29/13	12/29/14	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
B	SECOND HAND MV BOND			61180730	10/18/11	10/18/14	AMMOUNT 25,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SOMERVILLE
 93 HIGHLAND AVE
 SOMERVILLE, MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AMAZONIA INSURANCE

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ACORD 25 (2010/05)

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Phone:

Fax:

E-Mail:



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING


Exact name of taxpayer/applicant's business: MASS Auto Brokers Inc

Address of taxpayer/applicant's business in Somerville: 631 Somerville Ave, Somerville
02143

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 857-234-4218 evening: _____

I, (print name) ADILSON P. De Oliveira, 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 23rd day of December, 2013.

(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: _____
N/A # 241041011 # 1153 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP: 

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: MASS AUTO Brokers Inc.

Address: 631 Somerville Ave

City: Somerville State: Ma Zip: 02143 Phone #: 857-234-4218

- I am an employer with 1 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM Mutual Insurance CO

Address: 54 Third Ave

City: Burlington State: Ma Zip: 01803 Phone #: 800-876-2765

Policy #: VWC 10060169142013A Expiration Date: 12/29/14

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: [Signature] Date: 12/23/13

Print Name: ADILSON P. De Oliveira

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