

CR 4013

#550-

2012 DEC -6 P 2:22



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

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

License #: 15

BROADWAY BRAKE CORPORATION
45 BROADWAY
SOMERVILLE, MA 02145

Fee: 550.00

Account ID: 18

Reference #: 15

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: For BBS SERVICES Business Location: 45 BROADWAY Business Phone: 617-666-1100 | |
| License Holder: BROADWAY BRAKE CORPORATION 45 BROADWAY SOMERVILLE, MA 02145 617-666-1100 | |
| Mailing Address: BROADWAY BRAKE CORPORATION SOMERVILLE, MA 02145 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - CHARLOTTE D'ANGELO PRESIDENT - PHILIP D'ANGELO | |
| FID: 042954750 | |
| Food Manager/Emergency Contact: PHILIP D'ANGELO 617-719-8581 | |

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

Hours: **M-F 8-7, Sa 8-3**

- 3 VEHICLES
- 3 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: *Philip D'Angelo*

Date: 12/4/12

Print Name: Philip D'Angelo

Phone: 617-666-1100

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

| | |
|----------------------------------|---|
| The DBA Name of the Business: | <u>Broadway Brake Corp</u> |
| Somerville Address and Zip Code: | <u>45 Broadway , Somerville, MA 02145</u> |
| Phone Number of the Business: | <u>617-666-1100</u> |

| | |
|---|-----------------------------|
| The Legal Name of the License Holder: | <u>Broadway Brake Corp</u> |
| Street Address of the License Holder: | <u>45 Broadway</u> |
| City, State and Zip Code of the License Holder: | <u>Somerville, MA 02145</u> |
| Phone Number of the License Holder: | <u>617-666-1100</u> |

| | |
|----------------------------------|-----------------------------|
| Where We Should Send Mail: Name: | <u>Broadway Brake Corp</u> |
| Street Address: | <u>P.O. Box 45459</u> |
| City, State and Zip Code: | <u>Somerville, MA 02145</u> |

| | |
|---|-------------------|
| Federal ID # (Do Not Give a Social Security #): | <u>04-2954750</u> |
|---|-------------------|

| | |
|---|---------------------|
| Emergency Contact and his/her Phone Number: | <u>617-719-8581</u> |
|---|---------------------|

| |
|--|
| Type of Business (Check Only One and Print the Names Indicated): |
| <input type="checkbox"/> Sole Proprietor: Name of Owner: _____ |
| <input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____ |
| Names of All Partners Who Own More Than 10%: _____ |
| _____ |
| <input type="checkbox"/> Trust: Name of Trust: _____ |
| Names of All Trustees Who Own More Than 10%: _____ |
| _____ |
| <input checked="" type="checkbox"/> Corporation: Name of Corporation: <u>Broadway Brake Corp</u> |
| Name of President: <u>Philip D'Angelo</u> |
| Name of Secretary: <u>Charlotte D'Angelo</u> Name of Treasurer: <u>Philip D'Angelo</u> |
| <input type="checkbox"/> LLC: Name of LLC: _____ |
| Names of All Managers: _____ |
| _____ |
| <input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of the Owners) |

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 12/4/12

Massachusetts

Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 70258353

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: March 5, 2007

That we, Broadway Brake Corp., as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

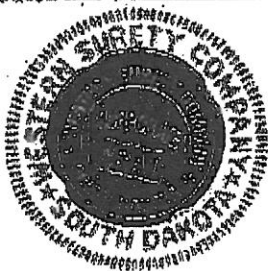
PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at 93 Highland Ave., Somerville, MA 02143

by First Class U.S. Mail.

Address

Dated this 6th day of March, 2007



Form F6393-7-2003

Broadway Brake Corp., Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Bruffat
Paul T. Bruffat, Senior Vice President



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Broadway Brake Corp

Address of taxpayer/applicant's business in Somerville: 45 Broadway

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

Taxpayer/applicant's phone: day: 617-666-1100 evening: 617-719-8581

I, (print name) Philip D'Angelo, 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 4th day of December, 2012. *Philip D'Angelo*
(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: _____

1931 # 101004001 # 105 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
UBanus
12-6-12

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: Broadway Brake Corp

Address: 45 Broadway

City: Somerville

State: MA

Zip: 02145 Phone #: 617-666-1100

- I am an employer with 14 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: Associated Employers Insurance Company

Address: P.O.Box 4070

City: Burlington

State: MA

Zip: 01803 Phone #: 800-876-2765

Policy #: 5010966012012

Expiration Date: 05-09-2013

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: *Philip D'Angelo*

Date: 12/4/12

Print Name: Philip D'Angelo

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
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____

Associated Employers Insurance Company

June 1/7

P.O. Box 4070
Burlington, MA 01803-0970
(800) 876-2765
FAX (781) 270-5599

Broadway Brake Corp
45 Broadway
P O Box 45459
Somerville, MA 02145

| INVOICE | |
|----------------|---------------|
| DATE | 10/15/2012 |
| DUE DATE | 11/09/2012 |
| POLICY # | 5010966012012 |
| INVOICE # | 241274 501 |
| POLICY BALANCE | \$5,097.50 |
| AMOUNT DUE | \$2,548.75 |

Associated Employers Insurance Company
Workers Compensation Insurance
Policy Term: 05/09/2012 to 05/09/2013

| DESCRIPTION | AMOUNT |
|-----------------|----------|
| Premium | 2,415.25 |
| Mass Assessment | 133.50 |
| | ===== |
| Balance Due | 2,548.75 |