



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2015 DEC 22 P 12: 20

Application to Renew Used Car Dealer License

CITY CLERK'S OFFICE
SOMERVILLE, MA

AUTOMOTIVE TRANSPORT SERVICE INC.
495 COLUMBIA ST
SOMERVILLE MA 02143

License #: BL15-000885
File #: 15-490
Fee: 550

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: AUTOMOTIVE TRANSPORT SERVICE INC. Business Location: 495 COLUMBIA ST Business Phone: 617-864-2200 | |
| License Holder: AUTOMOTIVE TRANSPORT SERVICE INC. 495 COLUMBIA ST SOMERVILLE MA 02143 | |
| Mailing Address: AUTOMOTIVE TRANSPORT SERVICE INC. 495 COLUMBIA ST SOMERVILLE MA 02143 | |
| Business Type: Corporation JENNIFER SOUZA JENNIFER SOUZA JENNIFER SOUZA | |
| FID: 261201682 | |
| Emergency Contact: ROBERT SOUZA Phone: 617-864-2200 | |
| Dealership Class: Class 2 # of Vehicles Kept Inside: 10 # of Vehicles Kept Outside: 0 Proposed Hours of Operation if operating outside standard hours: Mon-Fri 8AM-6PM Sat 8AM-2PM Sun Closed | |

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: _____

Date: _____

12/22/15

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666

Fax: 1-605-335-0357

Email: uwservices@cnasurety.com

Company#: 0601

Bond/Policy#: 69617218

Billing Date: 10/30/2015

Due Date: 01/01/2016

AUTOMOTIVE TRANSPORT SERVICE, INC.
495 COLUMBIA ST.
SOMERVILLE, MA 02143

Premium: \$250.00

Amount Due: \$250.00

Company#: 0601
Bond/Policy#: 69617218
Effective Date: 01/01/2016 Anniversary Date: 01/01/2017
Bond amount: \$25,000.00
Name: AUTOMOTIVE TRANSPORT SERVICE, INC.
Description: MA SECOND HAND MOTOR VEHICLE DEALER



BY:

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

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

Phone: (508)656-1400
Agency Code: 20-17796

**Charles River Insurance
Brokerage, Inc.
5 Whittier St.
Framingham, MA 01701**

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: JENNIFER POTER

Address of taxpayer/applicant's business in Somerville: 495 Columbia St

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

Taxpayer/applicant's phone: day: 617 564 2200 evening: _____

I, (print name) JENNIFER POTER, 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 22 day of December, 20 15.
J. Souza
(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: _____

3830 # 124077011 # 3600 # ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: received 12-22-15

**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: _____
Address: **Automotive Transport Service**
495 Columbia St
Somerville, MA 02143
City: _____ State: _____ Zip: _____ Phone #: **617 864 2200**
☒ I am an employer with 0 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: _____
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: *J. Souza* Date: 12/22/15
Print Name: JENNIFER SOUZA

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 _____