72 AUTOS OUT

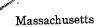
SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION 20H NOV -8 A 10:59 FOR CITY CLERK'S OFFICE ONLY Application Fee \$550.00 11/8/W Date Recorded TY CLERK'S OFFICE 2530-Amount Paid Date Class 2 New Application Class 1 Check one: Renewing Application with Additions or Changes Renewing Application with NO Additions or Changes Business (DBA) Name: NERSTER AND JALES Phone: 6(7-628-447) SOMERVILLEM 02183 Business Location (with Zip Code): STREET Applicant's Legal Name: PRESTIGE AUTO IMPORTS INC DEA WEBSTER AUTO SALES ST. SOMERVILLE MA 02143 Applicant's Address (with Zip Code): 6 Applicant's Email Address: WEBSTER AUTO 1 Applicant's Federal Employer Identification Number: Mailing Name (where we should send correspondence to): street Mailing Address (with Zip Code): 6 Phone: 6 17 Emergency Contact: REZA Trust Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Corporation (inc. LLC) Other IF A SOLE PROPRIETOR: Owner's Name: Address with Zip Code:_ IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed): ARINETA Partner's/Member's/President's Name: 1101 Address with Zip Code: 3 MA2 Partner's/Member's/Secretary's Name:__ Address with Zip Code: SAME Partner's/Member's/Treasurer's Name: Address with Zip Code:_

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?	Y <u> </u>
Is your principal business the sale of new motor vehicles?	Y_N_
If yes, are you a recognized agent of a motor vehicle YN manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?	
If yes, provide the name of the manufacturer(s):	,
Is your principal business the buying and selling of second hand motor vehicles?	Y <u> </u>
If yes, have you obtained a \$25,000 bond pursuant to YVN	
If yes, do you have access to a repair facility to comply with Y V N the warranty obligations imposed by MGL c. 90 § 7N ¹ / ₄ ?	•
If yes, provide the name of the repair facility: FRESH POND SERVICE, 48	o Concord Ave, mbridge, MA
Is your principal business that of a motor vehicle junk dealer?	Y_N_
Have you ever obtained a license to deal in second hand motor vehicles or parts? If yes, list year, city and state 1995-1998 in WATERTOWN, M 1999 til Present in Somerville, MA	Y <u>√</u> N
Have you ever been denied a license to deal in second hand motor vehicles or parts?	Y_N_
If yes, list year, city and state	
Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended?	Y_N_
If yes, list year, city and state	
Describe all of the premises to be used in the business: Approximately 5900 of Land plus one 12x14 office.	59. Ft
The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them MONDAY — FRIDAY 9 AM — 1 PM	, Saturday, 8 and explain:
SATURDAY. 9 AM- 5 PM	
SATURDAY, 9 AM-5 PM SUNDAY, NOON-5 PM	

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:	Date 1 3-1
Business Name: Prestige Awto D	mports Inc d/b/a Webster Auto Sal
Business Address: 61 Prospect 5	treet Somerville, MA 02143
	,
FOR NEW APPLICANTS:	
INSPECTIONAL SERVICES DEPARTM	ENT RECOMMENDATION:
The building located at the premises mentioned	ed above is in aZone.
The use is permitted as of rig	ht
The use requires a special per	rmit
The use is prohibited	
Class 1 & 2: Maximum number of vehicles to	o be kept on the premises: inside
	outside
Signature:	Date:
Print Name:	
POLICE DEPARTMENT RECOMMEND	OATION:
The Chief of Police recommends that the app	lication be
Approved	
Denied	
Signature:	Name and Title:



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

	Bond No	695674	426
		• • •	
KNOW ALL PERSONS BY THESE PRESENTS:	Effective Date:	December	1, 2003
That we, Prestige Auto Imports, Inc. dba Webster Aut as Principal, and WESTERN SURETY COMPANY, a corporation Commonwealth of Massachusetts, as Surety, are held and firmly bour Principal and who suffer loss on account of a breach of the condition of a twenty-five Thousand And No/100 Dollars (\$25,00 be made, we bind ourselves and our legal representatives, firmly by the	nd unto persons who of this bond described 3.00, for the payments are presents.	l below, in the	sum of not to
WHEREAS, the Principal is a second hand motor vehicle dealer and is financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)	.*/•		
NOW, THEREFORE, the condition of this obligation is such that damages, not to exceed the amount of this bond, to any person who suffers loss on account of: (a) the Principal's default or nonpayment of Principal for the purchase of motor vehicles; (b) the Principal's failure vehicle, a valid motor vehicle title certificate free and clear of any person who created by or expressly assumed in writing by the buyer of the vehicle; the Principal was a stolen vehicle; (d) the Principal's failure to disclose) the Principal's unfair and deceptive acts or practices, misrepresent to honor a warranty claim or arbitration order in a retail transaction vehicle traded in as part of a transaction to purchase a vehicle when the lien, then this obligation to be void; otherwise to remain in full for PROVIDED, that recovery against this bond may be made only by a competent jurisdiction against the Principal for an act or omission omission occurred during the term of this bond. No suit may be main brought within one (1) year after the event giving rise to the cause of omissions described above. The Surety shall not be liable for total of the number of claims made against this bond or the number of years to	valid bank drafts, in to deliver, in conjunction owner's interest (c) the fact that the reset he vehicle's actual ations, failure to disc, or (f) the Principal's he Principal had assume and effect. person who obtains a on which this bond stained to enforce any faction. This bond stains in excess of the his bond remains in the conditions of the conditi	actuding checks tion with the ses and all liens motor vehicle per limited in the close material afailure to pay med the oblight of the conditioned per liability on the liability on the condition of the conditio	s drawn by the sale of a motor, except a lien our chased from he time of sale; facts or failure off a lien on a ation to pay off the act or his bond unless those acts and t, regardless of
This hand shall be continuous and may be cancelled by the Sur	ety by giving thirty	(30) days' wi	ritten notice of
cancellation to the municipal licensing authority at by First Class U.S. Mail.	Address		
Dated this7th day ofAugust,2003		· 	_
PER A SEA	tali	y COMPANY	, Principal

MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

PRESTIGE AND IMPORTS INC. d/b/a Webster Auto Sales
*Signature of Individual or Corporate Name (Mandatory)

REZA PARINE JAD President

By: Corporate Officer (Mandatory, if a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

- * This license will not be issued unless this certification clause is signed by the applicant.
- ** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: WEBSTER AUTO SALES Address of taxpayer/applicant's business in Somerville: 61 PROSPECT STREET, Sum				
Address of taxpayer/applicant's business in Somerville: 61 PROSPECT STREET, Somerville:				
Address of taxpayer/applicant's home in Somerville: 42 WASHIN STON AVE, BURNEY TOWN				
Taxpayer/applicant's phone: day: 721-572-1901 evening: SAME				
I, (print name) Michael fafos A, 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				
NOVEMBER, 2011. Michel Gazze (Taxpayer's signature)				
(Taxpayer'∮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:				
Real Estate Water/Sewer Personal Property Other: # 1347000 # 15300 # # 183000 # # # # # # # # #				
CLERK'S INITIALS: ORIGINAL STAMP: RECEIVED				

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: WEBSTER AUTO SALES				
Address: 61 PROSPECT STREET				
City: SOMERVILLE State: MA Zip: 021 K3 Phone #: 617-628-KKM				
I am an employer with employees Business Type: Retail (full and/or part time). Restaurant/Bar/Eating Establishment I am a sole proprietor or partnership and have no employees. Nonprofit We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Manufacturing We are a nonprofit organization staffed by volunteers and have no employees. Other Office and/or Sales (real estate, auto, etc.) Nonprofit Entertainment Manufacturing Health Care Other				
Workers' compensation insurance information (if applicable):				
Insurance Company Name: LIBERTY MUTUAL DUSUPANCE				
Address: P.O. Box 9090				
City: DOVER State: NH Zip: 0382 (Phone #: 200 - 653 - 7293				
Policy #: WC1-31S-38/305-011 Expiration Date: 3-30-2012				
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: 1/3-11 Print Name: REZA PARINEUAD, President - Prestige Auto Importation d'Ha				
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 Contact Person: Phone #: Other				
Contact Person: Phone #: Other Other				

(revised Jan. 2008)

Websto Auto

Sales