



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**GEORGE KAZAZIAN
BARNES & WALSH CO
224 SOMERVILLE AVE
SOMERVILLE, MA 02143**

License #: **910**

Fee: **550.00**

Account ID: **635**

Reference #: **910**

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: BARNES AND WALSH COMPANY Business Location: 224 SOMERVILLE AVE Business Phone: 617-625-6900	
License Holder: GEORGE KAZAZIAN BARNES & WALSH CO 224 SOMERVILLE AVE SOMERVILLE, MA 02143 617-625-6900	
Mailing Address: GEORGE KAZAZIAN BARNES & WALSH CO 224 SOMERVILLE AVE SOMERVILLE, MA 02143	
Business Type: SOLE PROPRIETORSHIP OWNER - GEORGE KAZAZIAN	
FID: 046400301	
Food Manager/Emergency Contact: MARY KAZAZIAN 781-894-9412	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 NOV -7 P 3:07

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**

5 VEHICLES

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: George Kazazian Date _____

Print Name: GEORGE KAZAZIAN Phone 617-625-6900



The Commonwealth of Massachusetts

Registry of Motor Vehicles

One Copley Place, Boston 02116

Kimberly Hindau
Registrar

Phone
P.O. Box 199100
Boston, MA 02119-0100
www.dmv.gov/mv

November 19, 2004

Jennifer B. Schaller, Esq.
Law Department
CNA Surety, 13th Floor
CNA Plaza 13 South
Chicago, IL 60685

Re: Western Surety Company Bond for Massachusetts

Dear Attorney Schaller:

1. This is in response to your inquiry concerning the bond required by Class 2 motor vehicle dealers in Massachusetts. You have indicated that licensing authorities in some municipalities have insisted that dealers attempting to renew a "Class 2 Dealer's License" must provide proof that the dealer's existing bond is still valid and will remain so throughout the renewal term of one calendar year (January 1, to December 31).

2. Chapter 422 of the Acts of 2002 does state that:
A municipal licensing authority shall not issue or renew a Class 2 license unless it is satisfied that a bond or equivalent proof of financial responsibility meeting the requirements of this section is in effect during the term under which the license shall be issued or renewed....

3. I have reviewed a copy of a bond you have provided which is issued by Western Surety Company (apparently a related company to CNA). The Form Number of the Western Surety Second Hand Motor Vehicle Dealer Bond is F6533-7-2003 and you have provided oral assurance that this is the only bond form used in Massachusetts by Western Surety Company for Class 2 dealers.

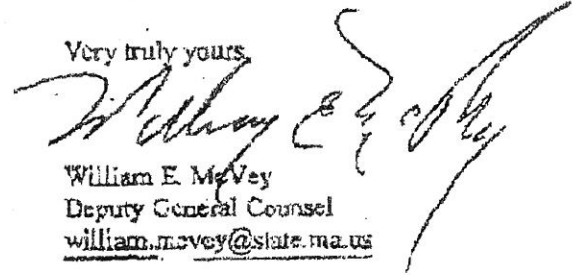
4. The last paragraph of the Western Surety Second Hand Motor Vehicle Dealer Bond states:

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 _____ by First Class U.S. Mail.

5. Based upon the wording contained in the Bond as stated in paragraph # 4, the Registrar is satisfied that the above identified Western Surety Second Hand Motor Vehicle Dealer Bond (F6333-7-2003) provides continuous coverage under the law (unless the municipality is notified of cancellation). As such, a municipality in Massachusetts that is processing a renewal for a Class 2 Dealer License from a dealer who has a Western Surety Second Hand Motor Vehicle Dealer Bond (F6333-7-2003) on file with the municipality, should not require additional evidence that the bond is still valid.

6. I trust this is responsive to your inquiry.

Very truly yours,



William E. McVey
Deputy General Counsel
william.mcvay@state.ma.us

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: BARNES & WALSH GEORGE KAZAZIAN
Address: 224 SOMERVILLE AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-6256900

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> 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: George Kazazian Date: _____
Print Name: _____

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 #: _____

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BARNES & WALSH

Address of taxpayer/applicant's business in Somerville: 224 SOMERVILLE AVE
SOMERVILLE MA 02143

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-625-6900 evening: 617-230-367

I, (print name) GEORGE KAZAZIAN, 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 _____, 20____. _____
(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: _____

13772 # 120043011 # _____ # _____

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP:  