## SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00	FOR CITY CLERK'S OFFICE ONLY Date Recorded 12-29-11
Date 12-26-11	Date Recorded 12-29-11 Amount Paid
New Application Check of Renewing Application with Additions or Changes	one:Class 1Class 2 Class 3
Renewing Application with NO Additions or Changes  X Renewing Application with NO Additions or Changes	The state of the s
A renewing Application with NO Additions of Char	ngcs
Business (DBA) Name: MASTER USED (	125 LICPhone: 6/17-623-9533
Business Location (with Zip Code): 121 12057	BCO SOMORVIELE, MA 0214
Applicant's Legal Name: MASTER OSE	CARS, LLC
Applicant's Address (with Zip Code): 121 +Ro	SPECT ST SOMERVILLE, MAD214
Applicant's Email Address: MASTER. Us	SED CHOTMAIL COM
Applicant's Federal Employer Identification Number	
Mailing Name (where we should send correspondence to):_	MASTER USED CARS, LLC
Mailing Address (with Zip Code):  2   TROS	PACEST SOTARVILLE, MA 0214
Emergency Contact: YETBRSON PRE	BRID Phone: 6/7-799-7772
Type of Business (Check one): Sole Propriet	
, ,	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):
Partner's/Member's/President's Name:	THEOU DESTRICT
Address with Zip Code: 19 VVBRLOOK	CIDEBUR MAT 514 KBYOKB MI
Partner's/Member's/Secretary's Name:	00.12
Address with Zip Code:	
Partner's/Member's/Treasurer's Name:	SKSON AKBUBRICO
Address with Zip Code:	

		•
-	Are you engaged principally in the business of buying, selling or exchanging motor vehicles?	Y <b>X</b> N_
	Is your principal business the sale of new motor vehicles?	YN
	If yes, are you a recognized agent of a motor vehicle Y_N_X 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 <b>Д</b> .N_
	If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?	
	If yes, do you have access to a repair facility to comply with Y X N the warranty obligations imposed by MGL c. 90 § 7N <sup>1</sup> / <sub>4</sub> ?	
	If yes, provide the name of the repair facility:	-
	Is your principal business that of a motor vehicle junk dealer?	Y_N_X
	Have you ever obtained a license to deal in second hand motor vehicles or parts?	Y <b>X</b> _N
	If yes, list year, city and state SOMBRUILE, MASS	V N V
	Have you ever been denied a license to deal in second hand motor vehicles or parts?	Y_N <b>X</b>
	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 <b>X</b>
	If yes, list year, city and state	
	Describe all of the premises to be used in the business: DATICE, GATE	PAGB AVI
	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  PRESENTLY: MOND - PRID 9777 -	I, Saturday, 8 and explain:
	SAT 9A7-5	5 P17
	SUND (2030)	•

#### 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 12-26-2011	
Business Name: Naster (33)	Rs. LLC	
Business Address: 121 PROSPET ST.	SOTERVILLE, MA O	21
FOR NEW APPLICANTS:		
INSPECTIONAL SERVICES DEPARTMENT R	ECOMMENDATION:	
The building located at the premises mentioned above	e is in aZone.	
The use is permitted as of right		
The use requires a special permit		
The use is prohibited		•
Class 1 & 2: Maximum number of vehicles to be kep	ot on the premises: in	side
	out	side
Signature:	Date:	
Print Name:	Title:	
POLICE DEPARTMENT RECOMMENDATION	N:	
The Chief of Police recommends that the application	be	
Approved		
Denied		
Signature: N	ame and Title:	

Massachusetts



# Western Surety Company

#### SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

	Bond No	011043	00	
KNOW ALL PERSONS BY THESE PRESENTS:	Effective Date	Octobe	r 10th,	2011
That we, MASTER USED CARS LLC as Principal, and WESTERN SURETY COMPANY, a corp Commonwealth of Massachusetts, as Surety, are held and firmly Principal and who suffer loss on account of a breach of the cond exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$200) be made, we bind ourselves and our legal representatives, firmly legal representatives.	y bound unto persons whition of this bond describ 25,000.00), for the payme	o purchase ed below, i	e a vehicle n the sum	from the of not to
WHEREAS, the Principal is a second hand motor vehicle dealer a financial responsibility pursuant to Mass. Gen. Laws Ann. 140, §		a bond or	equivalen	t proof of
NOW, THEREFORE, the condition of this obligation is such damages, not to exceed the amount of this bond, to any person suffers loss on account of: (a) the Principal's default or nonpaym Principal for the purchase of motor vehicles; (b) the Principal's favehicle, a valid motor vehicle title certificate free and clear of a created by or expressly assumed in writing by the buyer of the ve the Principal was a stolen vehicle; (d) the Principal's failure to di (e) the Principal's unfair and deceptive acts or practices, misrepr to honor a warranty claim or arbitration order in a retail transaction to a vehicle traded in as part of a transaction to purchase a vehicle with the lien, then this obligation to be void; otherwise to remain in full	who purchases a vehicle ent of valid bank drafts, allure to deliver, in conjugant prior owner's interest hicle; (c) the fact that the isclose the vehicle's actual resentations, failure to diction; or (f) the Principal hen the Principal had assessed.	e from the including of action with ts and all motor veh l mileage asclose mates failure to	Principal thecks draw the sale of liens, exception icte purcha at the time erial facts of pay off a	and who wn by the of a motor ept a lien ased from of sale; or failure lien on a
PROVIDED, that recovery against this bond may be made only competent jurisdiction against the Principal for an act or omis omission occurred during the term of this bond. No suit may be brought within one (1) year after the event giving rise to the cau omissions described above. The Surety shall not be liable for tot the number of claims made against this bond or the number of year	sion on which this bond maintained to enforce an se of action. This bond s al claims in excess of the	is condity liability hall cover bond amo	ioned, if to on this boronly those	ne act or ad unless acts and
This bond shall be continuous and may be cancelled by the cancellation to the municipal licensing authority at		(30) days	' written	notice of
	- /			
by First Class U.S. Mail. Address				
Dated this 27th day of September , 2011	MASTER USED CAP	S LLC	,	Principal
	By:WESTERN SURET	Y COMPA	NY, Sure	ty.
	By: / arc /	T. Bruflat,	Sprior Vica	President
Form F6333-7-2003	rau	t. Druttat,	POTITOR ATOR	T # 001((CH)

## Western Surety Company

#### **POWER OF ATTORNEY**

KNIOW	AII	MEN	Đ٧	THECE	PRESENTS:
LINTING	ALL	19/12 174	- T		PKENDIN'S.

MECAN WET BITTO DI BILLON INTOTTATO.		s cui ilia		
That WESTERN SURETY COMPANY, a corpora				
authorized and licensed to do business in the States				
Delaware, District of Columbia, Florida, Georgia, H				
Maryland, Massachusetts, Michigan, Minnesota, Miss				
New Mexico, New York, North Carolina, North Dako				
South Dakota, Tennessee, Texas, Utah, Vermont, 1		st Virginia, Wiscon	nsin, Wy	oming, and the United
States of America, does hereby make, constitute and	appoint	aria visita		
Paul T Bruflat	of	ģ.	oux Fal	le
Paul T. Bruflat State of South Dakota,	ite regularly elected	Conior Wi	co Pros	idont.
as Attorney-in-Fact, with full power and authority here	his regularly elected	sign avacuta cel	noudodec	and dollings for and on
its behalf as Surety and as its act and deed, the follow		sign, execute, ack	nowiedge	and deliver for and on
	_			
One Second Hand Motor Vehicle Dealer				
		Dipunita) (4.3)		
bond with bond number 61164368			~	
for MASTER USED CARS LLC		and the Otto III II.		
as Principal in the penalty amount not to exceed: \$ 2	5,000.00	and the		
Western Surety Company further certifies that the follow	wing is a true and exact conv	of Section 7 of the	ov-laws of	Mestern Surehi Company
duly adopted and now in force, to-wit:	wing is a time and exact copy	or section / or the r	Jy-laws of	Presidin Ourcey Company
Section 7. All bonds, policies, undertakings, Powers of	of Attorney, or other obligatio	ns of the corporation	shall be	executed in the corporate
name of the Company by the President, Secretary, any Ass	sistant Secretary, Treasurer, o	or any Vice Presiden	t, or by su	ch other officers as the
Board of Directors may authorize. The President, any Vi				
Attorneys-in-Fact or agents who shall have authority to issue	bonds, policies, or undertak	ings in the name of t	he Compa	ny. The corporate seal is
not necessary for the validity of any bonds, policies, undertain		other obligations of the	ie corporat	ion. The signature of any
such officer and the corporate seal may be printed by facsimi	ile.	ralinaséw.		
In Witness Whereof, the said WESTERN SUR	RETY COMPANY has ca	aused these pres	sents to	be executed by its
Senior Vice President with the co				
2011 .	•			
ATTEST	\A/ E	STEPNIC	DETV	COMPANY
	4.4.	.511/14/00		2 Comment
Chalam)	_	TIL	7 /2.	COMPANY
J. Relson, Assistant Secre	By			a, Senior Vice President
L. Nebuli, Assistant Jeun	etary	ļ.	au! I. Diui	at, Seliiui vice Flesiuelii.
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		S. Allen	and A	6 5 2
STATE OF SOUTH DAKOTA		hara ilake v		
> ss		e ( energy ) do		A CAY CE
COUNTY OF MINNEHAHA		4,116 1400		
,		ALL ALLES		
On this 27th day of September	er 2011	, before me, a No	tarv Publi	c. personally appeared
Paul T. Bruflat				
who, being by me duly sworn, acknowledged that they	signed the above Power of	of Attorney as	Senior_	vice President
and Assistant Secretary, respectively, of the said WE	STERN SURETY COMPA	ANY, and acknowle	edged sa	id instrument to be the
voluntary act and deed of said Corporation.		Q. Control of the Con		
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. D. KRELL		BETTAKAK		
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		/W 7	Kri	
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My Commission Expires November 30, 2012

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

I certify under the penalties of perjury that I, to my best knowledge and b	elief, have filed all State tax
returns and paid all State taxes required under law.	
MASTER USED CARS, LLC *Signature of Individual or Corporate Name (Mandatory)	X A A A A A A A A A A A A A A A A A A A
*Signature of Individual or Corporate Name (Mandatory)	V 4
	•
TETERSON FREDERICO	
By: Corporate Officer (Mandatory, if a corporation)	,
26-1772165	· ·
**Social Security Number (Voluntary) or Federal Identification Number (	Mandatory, if a corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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 l	t's business: MA	डाहरे (डिहा)	CARS, 21C	
Address of taxpayer/applicant's l	ousiness in Somerv	rille: 121 4203 PBC	TST SONERVIL	
Address of taxpayer/applicant's l	nome in Somerville	e:		
I, (print name)  I, (print name)  Certify that all the information conhave been paid or that the Taxpar current on said agreement.	ntained herein is tru	the undersigned Ta	xpayer, do hereby d fees due the City	
SIGNED UNDER THE PAINS	201(. /			
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:				
TAXES AND ACCOUNT NUM	MBER(S) INCLUI	DED IN CERTIFICATE:		
□ Real Estate □ W #   557	Vater/Sewer	Personal Property # /002	☐ Other:	
NOTES:  CLERK'S INITIALS:		ORIGINAL STAMP:	RECEIVED 4 12-29	

# 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: MASTER USED (ARS, LLC
Address: 121 PROSPECTSO
City SOMBRVILLE State: MA Zip: 00143 Phone #: 6/1-623-95
I am an employer with employees Business Type: Retail (full and/or part time) Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Nonprofit Entertainment Manufacturing We are a nonprofit organization staffed by volunteers and have no employees Other Other Other
Workers' compensation insurance information (if applicable):
Insurance Company Name: ZURICH-American Thourance Though
Address: PO BOX 1450
City: MIDDLeboto State: MQ Zip: 02344 Phone #: 1800 832 7839
Policy #: 622UB-4266P10-4-11 Expiration Date: 06/11/12
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: ' Date: 12 - 26 - 11
Print Name: Total De Roberto
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
City/Town Clerk
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 #:
(revised Jan. 2008)