



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**GE & M AUTO SERVICE
ALEWIFE AUTOMOTIVE
395 ALEWIFE BROOK PKWY
SOMERVILLE, MA 02144**

License #: 22

Fee: 550.00

Account ID: 25

Reference #: 22

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 ALEWIFE AUTOMOTIVE Business Location: 395 ALEWIFE BROOK PKWY Business Phone: 617-623-9615	
License Holder: GE & M AUTO SERVICE ALEWIFE AUTOMOTIVE 395 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144 617-623-9615	
Mailing Address: GE & M AUTO SERVICE 395 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIAS MIKHAEL SECRETARY - ELIAS MIKHAEL	
FID: 043564703	
Food Manager/Emergency Contact: GEORGE MIKHAEL 617-372-0648	

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

Hours: **M-Sa 9-9, Su 9-5**

10 VEHICLES
10 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

SUBMITTED SEPARATELY AS #194246.

JTL

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 Mikhael* Date: *1-4-13*

Print Name: *George Mikhael* Phone: *617-623-9615*

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: Alewite Automotive
Somerville Address and Zip Code: 395 Alewife Brook Parkway
Phone Number of the Business: 617-623-9615

The Legal Name of the License Holder: George Michael
Street Address of the License Holder: 229 Currier St. Dc
City, State and Zip Code of the License Holder: Dedham Ma. 02026
Phone Number of the License Holder: 617-372-0648

Where We Should Send Mail: Name: Alewite Automotive
Street Address: 395 Alewife Brook Parkway
City, State and Zip Code: Somerville Ma. 02144

Federal ID # (Do Not Give a Social Security #): 043-564-703

Emergency Contact and his/her Phone Number: 617-792-2022 (Elias)

Type of Business (Check Only One and Print the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ Corporation: Name of Corporation: GE 3 M Auto Service Inc.

Name of President: Elias Michael

Name of Secretary: George Michael Name of Treasurer: George Michael

☐ LLC: Name of LLC: _____

Names of All Managers: George Michael

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: George Michael Date 01.4.13

Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 70354227

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: August 6, 2007

That we, GE & M Auto Services, Inc.,

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 100 Highland Ave., Somerville, MA 02176

by First Class U.S. Mail.

Address

Dated this 6th day of August, 2007.



GE & M Auto Services, Inc., Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Bruflat

Paul T. Bruflat, Senior Vice President



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Alewife Automotive
Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Parkway
Address of taxpayer/applicant's home in Somerville: None
Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648

I, (print name) Geosye Minhal, 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: _____

19655121 # 346054001 # 14 # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:



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: Alewite Automotive
Address: 395 Alewife Brook Parkway
City: Somerville State: Ma. Zip: 02144 Phone #: 617-623-9615
☒ I am an employer with 4 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: Ma. Retail Merchant WC Group
Address: P.O. Box 859222 - 9222
City: Brimtree State: Ma. Zip: 01285 Phone #: 781-843-0005
Policy #: 014005032305112 Expiration Date: 11-14

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 Michael Date: 1-4-13
Print Name: George Michael

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