



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

2014 NOV -7 A 11: 21

CITY CLERK'S OFFICE
SOMERVILLE, MASS.

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**ERIK MATAEV
EXECUTIVE AUTO LEASING AND SALES
18 EDGEBROOK RD
WEST ROXBURY, MA 02132**

License #: 32
Fee: .00
Account ID: 35
Reference #: 32

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: EXECUTIVE AUTO LEASING AND SALES Business Location: 30 MEDFORD ST Business Phone: 617-610-7321	
License Holder: ERIK MATAEV EXECUTIVE AUTO LEASING AND SALES 18 EDGEBROOK RD WEST ROXBURY, MA 02132 617-610-7321	
Mailing Address: ERIK MATAEV EXECUTIVE AUTO LEASING AND SALES 18 EDGEBROOK RD WEST ROXBURY, MA 02132	
Business Type: SOLE PROPRIETORSHIP OWNER - ERIK MATAEV	
FID: 270065016	
Food Manager/Emergency Contact: ERIK MATAEV	

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**

3 VEHICLES INSIDE

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:  Date 11-5-14

Print Name: ERIK MATAEV Phone 617-610-7321

CNA SURETY

PO Box 6077 Sioux Falls SD 57117-5077

1-800-331-8053

Fax 1-605-335-0357

www.cnasurety.com

Email: uservices@cnasurety.com

November 13, 2014

Erik Mataev
dba Executive Auto Leasing & Sales
30 Medford St.
Somerville, MA 02145

Re: Bond #69620574 - Erik Mataev DbA Executive Auto Leasing & Sales
\$25,000.00 - Second Hand Motor Vehicle Dealer
Company Code: 601 - Western Surety Company

Thank you for the premium payment for the above referenced bond. This document is to serve as notice that payment in full has been remitted for the term of 12/16/2013 through 12/16/2015. This type of bond remains in full force and effect without a renewal bond or Continuation Certificate. If you have any questions, please contact your local agent.

We are excited to offer new payment options through CNA Surety ePay! Pay for your bond/policy premium online using your own credit/debit card or ACH at your convenience 24 hours a day. Simply go to: onlinepay.cnasurety.com and follow the easy-to-use prompts. You can pay your bill in minutes, saving you time and money.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: EXECUTIVE AUTO LEASING & SALES

Address of taxpayer/applicant's business in Somerville: 30 BEDFORD ST SOMERVILLE, MA 02143

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

Taxpayer/applicant's phone: day: 617-576-1855 evening: 617-610-7321

I, (print name) ERIK MATAEV, 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 11 day of

5, 2014. *Erik Mataev*
(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: _____

9960 # 124002021 # 789 # _____

NOTES:

CLERK'S INITIALS: URB

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: EXECUTIVE AUTO LEASING & SALES

Name: ERIK MATAEV

Address: 30 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-610-7521

- | | | |
|--|-----------------------|--|
| <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: [Signature] Date: 11-5-14

Print Name: ERIK MATAEV

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<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 _____
Contact Person: _____	Phone #: _____	

(revised Jan. 2008)