

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

Date 8-11-14

2014 AUG 25 10 03
FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

CITY CLERK'S OFFICE

SOMERVILLE, MA

☒ New Application

Check one: ☐ Class 1 ☒ Class 2 ☐ Class 3

☐ Renewing Application with Additions or Changes

Vehicles stored: ☐ inside

☐ Renewing Application with NO Additions or Changes

40 outside

Business (DBA) Name: TOP GEAR MOTOR GROUP CORP Phone: 6176251122

Business Address (in Somerville): 24 JOY ST - SOMERVILLE MA

Applicant's Federal Employer Identification Number: 464638322

Applicant's Legal Name: NEUZA MAURO

Mailing Name (who we should send correspondence to): 35 PRESCOTT ST - F. BOSTON

Mailing Address (with Zip Code): _____

Emergency Contact: Alex SILVA Phone: 781-530-7171

Type of Business (Check Only One and Provide 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: TOP GEAR MOTOR GROUP CORP

Name of President: NEUZA M MAURO

Name of Secretary: Alex SILVA Name of Treasurer: Alex SILVA

☐ **LLC:** Name of LLC: _____

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

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

Y ☒ N ☐

Is your principal business the sale of new motor vehicles?

Y ☐ N ☒

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?

Y ☐ N ☐

If yes, provide the name of the manufacturer(s): _____

Is your principal business the buying and selling of second hand motor vehicles?

Y ☒ N ☐

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?

Y ☒ N ☐

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼?

Y ☒ N ☐

If yes, provide the name of the repair facility: AMMCO

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?

Y ☒ N ☐

If yes, list year, city and state 2014 SOMERVILLE MA

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 _____

I request permission to store _____ vehicles inside the building, and 40 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

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. 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.

Signature of Applicant: Murphy Date 8-11-14

Business Name: TOP GEAR MOTOR GROUP

Business Address: 24 JOY ST - SOMERVILLE MA 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The ^{Lot}~~building~~ located at the premises mentioned above is in a IA Zone.

- ☒ The use is permitted as of right, Existing protected non conforming use
☐ The use requires a special permit
☐ The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: 40 ~~inside~~ outside

Signature: Al Beryant Date: 8-21-14

Print Name: Al Beryant Title: L.B.I.

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

☒ Approved

☐ Denied

Signature: [Signature] Name and Title: Cabral, Michael S.
Deputy Chief of Police



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 24 Jay Street

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

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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: 8-21-14 **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate

☐ Water/Sewer

☐ Personal Property

☐ Other: _____

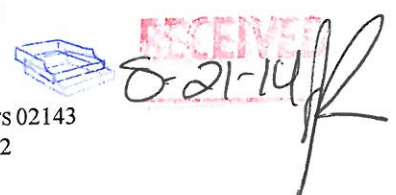
8492

MA

NOTES:

CLERK'S INITIALS: JL

ORIGINAL STAMP:



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: TOP GEAR MOTOR GROUP

Address: 24 JOY ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: 6176251122

- ☐ I am an employer with _____ 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: _____

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: Neuza Mauro Date: 8-11-14

Print Name: NEUZA MAURO

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 _____