



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

## Application to Renew Used Car Dealer License

**GARY AND ARLENE COLLINS**  
**182 WASHINGTON ST**  
**SOMERVILLE MA 02143**

**License #:** BL15-000020  
**File #:** 15-23  
**Fee:** 550

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
<b>Business/DBA Name:</b> AUTO BROKERS COMPANY <b>Business Location:</b> 182 WASHINGTON ST <b>Business Phone:</b> 617-625-5969	
<b>License Holder:</b> GARY AND ARLENE COLLINS 182 WASHINGTON ST SOMERVILLE MA 02143	
<b>Mailing Address:</b> GARY AND ARLENE COLLINS 182 WASHINGTON ST SOMERVILLE MA 02143	
<b>Business Type:</b> Sole Proprietor GARY COLLINS	
<b>FID:</b> 043429814	
<b>Emergency Contact:</b> SCOTT COURNOYER <b>Phone:</b> 603-560-2775	Junior Cruz 617 893 8989
<b>Dealership Class:</b> Class 2 <b># of Vehicles Kept Inside:</b> 0 <b># of Vehicles Kept Outside:</b> 26 <b>Proposed Hours of Operation if operating outside standard hours:</b> mo-fr 8 am-6 pm, sa 8 am-2 pm	

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: *Gary Collins*

Date: 12-1-2015

Printed Name: GARY COLLINS

Phone: 617-901-9911

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2015 DEC 15 A 10:51

Massachusetts



# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND (Mass. Gen. Laws Ann. 140, § 58(c))

Bond No 71215061

Effective Date: January 9, 2012

KNOW ALL PERSONS BY THESE PRESENTS:

That we, Gary J. Collins  
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 City of Somerville, 93 Highland Ave., Somerville, MA 02143

by First Class U.S. Mail.

Address

Dated this 6th day of January, 2012



Gary J. Collins, 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: \_\_\_\_\_ AUTO BROKERS COMPANY

Address of taxpayer/applicant's business in Somerville: 182 Washington Street • Somerville, MA 02143

Address of taxpayer/applicant's home in Somerville: None

Taxpayer/applicant's phone: day: 617 625 5969 evening: cell 617 901-9091

I, (print name) Cathy Collins, 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: \_\_\_\_\_

# 2037      # 119016011      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** JK

**ORIGINAL STAMP:**

**RECEIVED**  
C. Barrett  
12-15-15

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:

AUTO BROKERS OF SOMERVILLE

Name:

Gregory J Collins

182 Washington Street  
Somerville, MA 02143  
(617) 625-5969

Address:

City:

State:

Zip:

Phone #:

617-901-9091

- I am an employer with 1 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:

Not applicable

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:

*Gregory J Collins*

Date:

12-1-2015

Print Name:

Gregory J Collins

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  
 Other

Contact Person:

Phone #: