

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

Date 2/5/15

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☐ New Application

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

☐ Renewing Application with Additions or Changes

Vehicles stored: 38 inside

☐ Renewing Application with NO Additions or Changes

☐ outside

Business (DBA) Name: John's Auto Sales Inc Phone: 617-628-5511

Business Address (in Somerville): 181 Somerville Ave

Applicant's Federal Employer Identification Number: 04-2743707

Applicant's Legal Name: _____

Mailing Name (who we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: John J. Eleftherakis Phone: 617-512-5511

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: John's Auto Sales Inc

Name of President: John J. Eleftherakis

Name of Secretary: same Name of Treasurer: same

☐ **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)

2015 FEB -6 A 0:55
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: _____

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 _____

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 38 vehicles inside the building, and 38 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:

mon-thr 8-8F+SAT 8-6 sun 10-5

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: [Signature] Date 2/5/15

Business Name: John's Auto Sales Inc

Business Address: 181 Somerville Ave Somerville 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

_____ 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 kept on the premises: _____ inside
_____ outside

Signature: _____ Date: _____

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature: [Signature] Name and Title: Police Dept.

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number S-245752

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

John's Auto Sales, Inc.

located at

181 Somerville Avenue
Somerville, MA 02143

in favor of City of Somerville, MA

for the term beginning December 31st, 2012 and ending on December 31st, 2015, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 22, 2012

NGM Insurance Company

By: 

Jeffrey W. Crawford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: John's Auto Sale Inc

Address of taxpayer/applicant's business in Somerville: 181 Somerville Ave

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

Taxpayer/applicant's phone: day: 617 625 5511 evening: 617 512 5511

I, (print name) John S. Eleftherakis, 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 5th day of February, 2015.
(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: _____
138204 # 118014041 # _____ # _____

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:



SR
2-6-15

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:

Name: John's Auto Sales Inc
Address: 181 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: 617 628-5311

- ☒ I am an employer with 3 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: Technology Insurance Co / Am. Trust North America
Address: 800 Superior Ave E. / P.O. Box 6939
City: Cleveland State: OH Zip: 44114 Phone #: 978-475-1146
Policy #: (275092) policy # TWL 336816 Expiration Date: 8/15/15

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: 2/5/15
Print Name: John J. Eleftherakis, President

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 _____

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 – <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22, 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

Technology Insurance Company

NAME OF INSURANCE COMPANY

800 Superior Avenue East, 21st Floor, Cleveland, OH 44114

ADDRESS OF INSURANCE COMPANY

TWC3424510

8/15/2014 to 8/15/2015

POLICY NUMBER

EFFECTIVE DATES

MCM Insurance Agency, Inc.

P.O. Box 435, Minneapolis, MN 55440-0435

(952) 935-1400

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

John's Auto Sales

181 Somerville Ave., Somerville, MA 02143

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

JOHN'S AUTO SALES INC
181 SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: 10

Fee: 550.00

Account ID: 12

Reference #: 10

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 JOHN'S AUTO SALES INC Business Location: 181 SOMERVILLE AVE Business Phone: 617-628-5511	
License Holder: JOHN'S AUTO SALES INC 181 SOMERVILLE AVE SOMERVILLE, MA 02143 617-628-5511	
Mailing Address: JOHN'S AUTO SALES INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN ELEFTHERAKIS SECRETARY - JOHN ELEFTHERAKIS	
FID: 042743707	
Food Manager/Emergency Contact: JOHN ELEFTHERAKIS	

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

Hours: M-R 9-8, F-Sa 9-6, Su 10-4

38 VEHICLES

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: John J. Eleftherakis Date: _____

Print Name: John J. Eleftherakis Phone: 617-628-5511

*Old
License
Application*

Technology Insurance Company

A Stock Insurance Company

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B

INFORMATION PAGE

Ncci Code: 39071

1. Insured:

John's Auto Sales
181 Sommerville Ave
Sommerville, MA 02143

Other workplaces not shown above:
See Extension of Information Page

Producer:

MCM Insurance Agency, Inc.
P.O. Box 435
Minneapolis, MN 55440-0435

Policy Number: TWC3424510

Individual

Partnership

X Corporation

Federal Tax ID: 042743707

Risk Id:

Renewal of: TWC3368616

2. The policy period is from 8/15/2014 to 8/15/2015 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Massachusetts

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$1,000,000 each accident	\$1,000,000 policy limit	\$1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules: See Extension of Information Page

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

7,645

STATE ASSESSMENT

250

TOTAL ESTIMATED COST

7,895

Minimum Premium

432

Deposit Premium

1,010

Issue Date: 7/2/2014

Countersigned by:

Authorized Representative

Insured: John's Auto Sales

Policy Number: TWC3424510

**EXTENSION OF INFORMATION PAGE FOR ITEM #1
ITEM 1: NAMED INSURED and WORKPLACES**

**NAMED INSURED:
WORKPLACES:**

John's Auto Sales
Location Num 1.
181 Somerville Ave.
Somerville, MA 02143

Location Num 2.
161 Broadway
Somerville, MA 02143

Location Num 3.
286 Beacon Street
Somerville, MA 02143



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

License #: 10

Docket #195887

Account ID: 12

Reference #: 10

USED CAR DEALER CLASS 2

JOHN'S AUTO SALES INC
181 SOMERVILLE AVE
SOMERVILLE, MA 02143

License Expires: 12/31/2014

This is to certify that JOHN'S AUTO SALES INC, dba JOHN'S AUTO SALES INC,
has been granted a/an USED CAR DEALER CLASS 2 license in the City of Somerville, ONLY at the
following address: 181 SOMERVILLE AVE.

This license is issued subject to the provisions of the General Laws of the Commonwealth, all
ordinances of the City, and all regulations or conditions of the BOARD OF ALDERMEN, including
but not limited to any specific conditions listed below.

License Information:

Hours: M-R 9-8, F-Sa 9-6, Su 10-4

Food Manager / Emergency Contact: JOHN ELEFThERAKIS 617-512-5511

38 VEHICLES

Attest for the BOARD OF ALDERMEN:

John Flory

012
License

This license is NOT Transferable, and no changes may be made to this license
without the approval of the BOARD OF ALDERMEN.

This license must be posted in a conspicuous place on the premises.