



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

*pd
\$550 ck*

13 DEC 23 A 10:01

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

CITY CLERK'S OFFICE
SOMERVILLE, MA

AUTOMOTIVE TRANSPORT SERVICE INC.
495 COLUMBIA ST
SOMERVILLE, MA 02143

License #: 885

Fee: 550.00

Account ID: 490

Reference #: 885

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: AUTOMOTIVE TRANSPORT SERVICE INC.	
Business Location: 495 COLUMBIA ST	
Business Phone: 617-623-9522	617 864-2200
License Holder: AUTOMOTIVE TRANSPORT SERVICE INC. 495 COLUMBIA ST SOMERVILLE, MA 02143 617-623-9522	
Mailing Address: AUTOMOTIVE TRANSPORT SERVICE INC. 495 COLUMBIA ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JENNIFER SOUZA SECRETARY - JENNIFER SOUZA TREASURER - JENNIFER SOUZA	
FID: 261201682	
Food Manager/Emergency Contact: ROBERT SOUZA 617-625-8697	617 864-2200

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**

10 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: *Jm Souza*

Date: 12/23/13

Print Name: Jm Souza

Phone: 617 864-2200

Prod. 53220N Deluxe For Business 1-800-225-6380

4048		DEPOSITS	
DATE	11/12/13		
TO	CNA		
FOR	Nov 2014		
TAX DEDUCTIBLE	Bond	TOTAL	250.00
		THIS CHECK	
		OTHER	
		BALANCE	

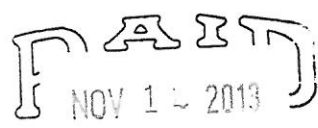


Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com
Company#: 0601
Bond/Policy#: 69617218
Billing Date: 11/01/2013
Due Date: 01/01/2014

Premium: \$250.00

Amount Due: \$250.00

Company#: 0601
Bond/Policy#: 69617218
Effective Date: 01/01/2014 Anniversary Date: 01/01/2015
Bond amount: \$25,000.00
Name: AUTOMOTIVE TRANSPORT SERVICE, INC.
Description: MA SECOND HAND MOTOR VEHICLE DEALER



Written By: WESTERN SURETY COMPANY

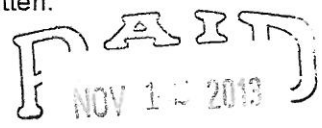
BY: _____

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (508)656-1400
Agency Code: 20-17796

**Charles River Insurance
Brokerage, Inc.
5 Whittier St.
Framingham, MA 01701**



BY: _____

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Robert Souza

Address of taxpayer/applicant's business in Somerville: 495 Columbia St

Address of taxpayer/applicant's home in Somerville: 2 Felton St

Taxpayer/applicant's phone: day: 617 864 2298 evening: Same

I, (print name) Robert Souza, 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 23 day of December, 2018.
[Signature]
(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: _____

3977 # 124077011 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

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: AUTOMOTIVE TRANSPORT SERVICE INC
Address: 495 COLUMBIA ST
SOMERVILLE, MA 02143-4104
City: _____ State: _____ Zip: _____ Phone #: 617 864-2200

- ☐ I am an employer with 0 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:** ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ 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: [Signature] Date: 12/23/13
Print Name: G M Souza

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 _____