



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**GEMICAR INC
TECH AUTO BODY
9 UNION SQ
SOMERVILLE, MA 02143**

License #: **914**
Fee: **550.00**
Account ID: **650**
Reference #: **914**

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 TECH AUTO BODY Business Location: 9 UNION SQ Business Phone: 617-628-0232	
License Holder: GEMICAR INC TECH AUTO BODY 9 UNION SQ SOMERVILLE, MA 02143 617-628-0232	
Mailing Address: GEMICAR INC 9 UNION SQ SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GEORGE MIHOS SECRETARY - GEORGE MIHOS	
FID: 043356068	
Food Manager/Emergency Contact: GEORGE MIHOS 617-650-1819	

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**

2 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: *George Mihos* Date: 11-15-2012
Print Name: GEORGE H. MIHOS Phone: (617) 628-0232
(617) 650-1819

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: TECH AUTO BODY
Somerville Address and Zip Code: 9 UNION SQUARE SOMERVILLE MA 02143
Phone Number of the Business: (617) 628-0232

The Legal Name of the License Holder: GEMICAR, INC
Street Address of the License Holder: 9 UNION SQUARE SOMERVILLE, MA 02143
City, State and Zip Code of the License Holder: 02143
Phone Number of the License Holder: (617) 628-0232

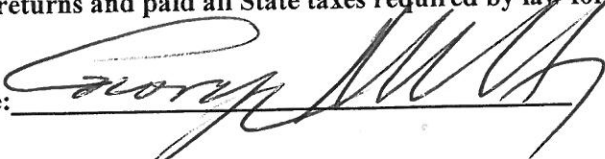
Where We Should Send Mail: Name: GEMICAR, INC D/B/A TECH AUTO BODY
Street Address: 9 UNION SQUARE
City, State and Zip Code: SOMERVILLE, MA 02143

Federal ID # (Do Not Give a Social Security #): 04-335-6068

Emergency Contact and his/her Phone Number: GEORGE MIHOS -(617) 650-1819

Type of Business (Check Only One and Print 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: GEMICAR, INC
Name of President: GEORGE MIHOS
Name of Secretary: GEORGE MIHOS Name of Treasurer: GEORGE MIHOS
 LLC: Name of LLC: _____
Names of All Managers: _____
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 11-15-12

CNA

4/7/2010 2:54:01 PM

Bond No. 69131910 Effective Date March 20, 2001
KNOW ALL MEN BY THESE PRESENTS

That we, Gemicar, Inc. and Tech Auto Body
of Somerville, as Registrant, and the Western Surety
(City or Town, in the State of Massachusetts) (Name of Bonding Company)
Company, a corporation duly organized and existing under the laws of the State of South Dakota

having its principal office at Sioux Falls in the State of South Dakota, as Surety,
(City)

are firmly bound and obliged to DONALD B. PALVEY, Director of Standards for the Commonwealth of
Massachusetts or his successor or successors in office in the sum of Ten Thousand Dollars (\$10,000.00), to the

payment whereof we Gemicar, Inc. and Tech Auto Body
(Registrant)

and Western Surety Company, bind ourselves and our respective heirs, executors, administrators,
successors and assigns jointly and severally by these presents.

WHEREAS, Gemicar, Inc. and Tech Auto Body
(Name of Registrant)

has been issued a Registration Number as a Motor Vehicle Repair Shop, by the Director of Standards for the
Commonwealth of Massachusetts under the provisions of Chapter 100A of the General Laws, as amended.

NOW, THEREFORE, if, Gemicar, Inc. and Tech Auto Body shall
(Name of Registrant)

1. Comply with all the provisions of Chapter 100A of the General Laws and any amendments thereof or additions thereto;
2. Pay any and all fines or penalties incurred by him through violations of the provisions of said Chapter 100A and any amendments thereof or additions thereto;
3. Pay or satisfy any judgment obtained against him in behalf of any creditor whose claim arises in

connection with the business done under the said Gemicar, Inc. and Tech Auto Body's
(Name of Registrant)

state registration and who before the expiration of 60 days from the return or surrender of the said registration or the filing of an affidavit of its loss shall have given due notice of his claim to the Director of Standards DONALD B. PALVEY, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

IN TESTIMONY WHEREOF, Gemicar, Inc. and Tech Auto Body
(Name of Registrant)

has affixed his hand and seal and the Western Surety Company
(Name of Bonding Company)

has caused its officers thereunto duly authorized to execute these presents and to affix the corporate seal this 20 day of March, 2001.

Signature of Registrant or Authorized Officer

In the presence of
A. Vixor
Assistant Secretary

WESTERN SURETY COMPANY
By Copy. Late
President



Date

The above bond examined and approved

Director of Standards

CNA

11/12/2009 10:56:23 AM

CNA SURETY

CNA Plaza, Chicago IL 60685-0001

Jennifer B. Schaller
Counsel
Telephone 312-822-7049
Facsimile 312-755-3737

Re: Second Hand Motor Vehicle Dealer Bond Certificate of
Continuance for Western Surety Bonds

Western Surety is an underwriting company of CNA Surety and we are contacting your office because several of our bond principals received correspondence indicating the need for a Certificate of Continuance for their Second Hand Motor Vehicle Dealer Bonds issued by Western Surety.

Western Surety's standard bond form expressly states: "This bond shall be continuous and may be cancelled by the Surety by giving (30) days' written notice of cancellation to the municipal licensing authority at (address) by First Class Mail." (emphasis added)." Since, Western Surety's bond form is continuous, it would be inappropriate for Western Surety to issue a Continuation Certificate.

The Commonwealth of Massachusetts, Registry of Motor Vehicles has reviewed Western Surety's bond form and has clearly stated that municipalities do not need to require additional evidence that the bond is in effect. (See attached letter from Attorney William McVey dated November 19, 2004).

If you have any questions, or we can be of any further assistance, please feel free to contact me at (312) 822-7049.

Sincerely,

Jennifer B. Schaller

Jennifer B. Schaller

11/12/2009 10:55:25 AM

CNA



Kimberly Hindsen
Register

The Commonwealth of Massachusetts

Registry of Motor Vehicles

One Copley Place, Boston 02116

Mail:
P.O. Box 199100
Boston, MA 02119-0100
www.mass.gov/rmv

November 19, 2004

Jennifer B. Schaller, Esq.
Law Department
CNA Surety, 13th floor
CNA Plaza 13 South
Chicago, IL 60685

Re: Western Surety Company Bond for Massachusetts

Dear Attorney Schaller:

1. This is in response to your inquiry concerning the bond required by Class 2 motor vehicle dealers in Massachusetts. You have indicated that licensing authorities in some municipalities have insisted that dealers attempting to renew a "Class 2 Dealer's License" must provide proof that the dealer's existing bond is still valid and will remain so throughout the renewal term of one calendar year (January 1, to December 31).
2. Chapter 422 of the Acts of 2002 does state that:
A municipal licensing authority shall not issue or renew a Class 2 license unless it is satisfied that a bond or equivalent proof of financial responsibility meeting the requirements of this section is in effect during the term under which the license shall be issued or renewed....
3. I have reviewed a copy of a bond you have provided which is issued by Western Surety Company (apparently a related company to CNA). The Form Number of the Western Surety Second Hand Motor Vehicle Dealer Bond is P6333-7-2003 and you have provided oral assurance that this is the only bond form used in Massachusetts by Western Surety Company for Class 2 dealers.
4. The last paragraph of the Western Surety Second Hand Motor Vehicle Dealer Bond states:
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 _____ by First Class U.S. Mail.

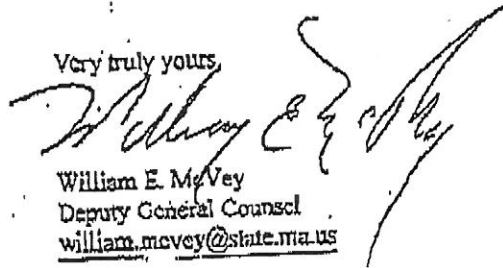
CNA

11/12/2009 10:56:23 AM FAX

5. Based upon the wording contained in the Bond as stated in paragraph # 4, the Registrar is satisfied that the above identified Western Surety Second Hand Motor Vehicle Dealer Bond (#6333-7-2003) provides continuous coverage under the law (unless the municipality is notified of cancellation). As such, a municipality in Massachusetts that is processing a renewal for a Class 2 Dealer License from a dealer who has a Western Surety Second Hand Motor Vehicle Dealer Bond (#6333-7-2003) on file with the municipality, should not require additional evidence that the bond is still valid.

6. I trust this is responsive to your inquiry.

Very truly yours,



William E. McVey
 Deputy General Counsel
william.mcvey@state.ma.us



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GEMICAR, INC d/b/a TECH AUTO BODY

Address of taxpayer/applicant's business in Somerville: 9 UNION SQUARE

Address of taxpayer/applicant's home in Somerville: 9 UNION SQUARE

Taxpayer/applicant's phone: day: (617) 628-0232 evening: (617) 650-1819

I, (print name) GEMICAR, INC D/B/A TECH AUTO BODY 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 15th day of November, 2019. George Mihos
(Taxpayer's signature) President

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: _____

14980 # _____ # 1227 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 11-20-19

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: GEMICAR, INC D/B/A TECH AUTO BODY
Address: 9 Union Sq.
City: Somerville State: MA Zip: 02143 Phone #: (617) 628-0232

- I am an employer with 3 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 _____

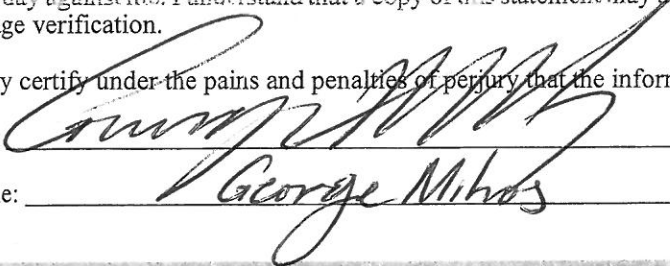
Workers' compensation insurance information (if applicable):

Insurance Company Name: THE TRAVELERS INSURANCE CO.
Address: P. O BOX 1450
City: MIDDLEBORO State: MA Zip: 02344 Phone #: 781-641-3009
Policy #: 6KUB-9581L16-7-12 Expiration Date: 11-4-13

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:  Date: 11-15-2012
Print Name: George Mihos

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 _____