

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: INMAN AUTO CENTER

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 2008 SOMERVILLE MA,
2009 SOMERVILLE MA, 2010 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 _____

Describe all of the premises to be used in the business: _____

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:

WE ALREADY HAVE THE FOLLOWING HOURS
MONDAY THROUGH FRIDAY 9 AM TO 3 PM, SATURDAY 9 AM TO 5 PM
AND WE CLOSE ON SUNDAY.

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.

Signature of Applicant: _____ Date _____

Business Name: TOP GARS OF BOSTON LLC D/B/A INMAN MOTORS SALES OF SOMERVILLE

Business Address: 39 WEBSTER AVE SOMERVILLE MA 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: _____ Name and Title: _____

CNA

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§#IX



RIDER

It is hereby mutually agreed and understood by and between the Principal and WESTERN SURETY COMPANY, that instead of as originally written:

The Principal's name has been changed to read:
Top Cars of Boston, LLC dba Inman Motor

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the _____ bond _____, except as hereinabove set forth.

This Rider becomes effective on the _____ 18th _____ day of _____ December _____, 2007, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of _____ bond _____ No. 69650499 issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota, to Top Cars of Boston, LLC dba Inman Motor

Signed this _____ 19th _____ day of _____ December _____, 2007.

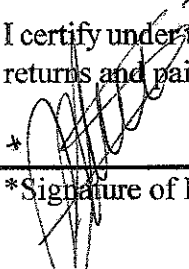
WESTERN SURETY COMPANY

By Paul Y. Bruflat
Paul Y. Bruflat, Senior Vice President



**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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 Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

830502675
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: TOP EARS OF BOSTON LLC

Address of taxpayer/applicant's business in Somerville: 39 WEBSTER AVE

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

Taxpayer/applicant's phone: day: (617) 666-2727 evening: (617) 666-2727

I, (print name) SALOMÃO S. JUNIOR, 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 9 day of December, 2010. [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: _____
#99735723 #146062001 #32011052 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: **received**
Barrows
12-9-10

**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 CARS OF BOSTON LLC
 Address: 39 WEBSTER AVE
 City: SOMERVILLE State: MA Zip: 02143 Phone #: (617)666-2727

- | | |
|--|---|
| <input checked="" type="checkbox"/> I am an employer with <u>2</u> employees (full and/or part time). | Business Type: <input checked="" type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales: (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS
 Address: 2420 LAKEMONT AVE
 City: ORLANDO State: FL Zip: 32802 Phone #: (781)817 8370
 Policy #: (6KUB-0625NIS-S-10) Expiration Date: 04/10/11

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: 12/1/10
 Print Name: SALOMÃO S. JUNIOR

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	