

30 CARS OUT

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date 12-5-10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>12-8-10</u>
Amount Paid	<u>500.00</u>

New Application Check one: Class 1 Class 2 Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: _____ Phone: 617-623-8815

Business DBA Name (if applicable): _____ Neeka Inc.

Address with Zip Code: _____ dba Manny's Auto Center
483 McGrath Highway
Somerville, MA 02143

Tax Identification Number: 203774236 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Same as Above

Address with Zip Code: _____

Property Owner Name: Manny Russo Phone: 617-771-1944

Address with Zip Code: 85 Pembroke Rd Andover MA 01845

Emergency Contact 1: Hajir Vakili Phone: 617-406-9444

Emergency Contact 2: Nader Vakili Phone: 339-298-9200

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Hajir Vakili president

Address with Zip Code: 7 Melendy Dr. Reading MA 01867

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: Nader Vakili Treas

Address with Zip Code: 21 Roosevelt St Wakefield MA 01880

CITY CLERK'S OFFICE
 SOMERVILLE MA
 2010 DEC - 8 P 3:22

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): NA

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: Manny's Auto Center (repair)

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 Somerville, Malden

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 N/A

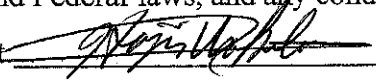
Describe all of the premises to be used in the business: Office Space + Lot for 30 Cars Parked

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:

Monday - Saturday 10-8 P
Sundays 12-6 PM

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 12-5-10

Business Name: Neeka Inc.

dba Manny's Auto Center
463 McGrath Highway
Somerville, MA 02143

Business Address: _____

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: _____

NOTICE OF PREMIUM DUE



P. O. Box 5077
Sioux Falls, SD 57117-5077
1-888-866-2666

MANNY'S AUTO CENTER
463 MC GRATH HWY.
SOMERVILLE, MA 02143

Bond/Policy#: 0601 70025582

Billing Date: 10/22/2010
Filing Date: 12/28/2010

Premium: \$250.00

11-1-10
C# 7929 \$250.-

Amount Due: \$250.00

Bond/Policy#: 0601 70025582
Effective Date: 12/28/2010 Anniversary Date: 12/28/2011
Penalty: \$25,000.00
Name: NEEKA, INC. DBA MANNY'S AUTO CENTER
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. Prompt payment allows us to issue or continue your bond/policy coverage.

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

Phone: (508)378-1166
Agency: 20-18386

**Colburn Rider Insurance
Agency, Inc.
P.O. Box 10
Marion, MA 02738**

Please detach and return the original coupon below with your payment

CNA Surety

Bond/Policy#: 0601 70025582 Effective Date: 12/28/2010
Name: NEEKA, INC. DBA MANNY'S AUTO CENTER
Description: MA SECOND HAND MOTOR VEHICLE DEALER
Written By: WESTERN SURETY COMPANY
Agency: 20-18386 Colburn Rider Insurance

Amount Due: \$250.00

Billing Date: 10/22/2010

Make Check Payable To CNA Surety

Check here and include change in # of covered employees/owners & other comments below:

CNA Surety
P.O. Box 802876
Chicago, IL 60680-2876

**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)

President

By: Corporate Officer (Mandatory, if a corporation)

203774236

**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: _____

Neeka Inc.
dba Manny's Auto Center
463 McGrath Highway
Somerville, MA 02143

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

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

Taxpayer/applicant's phone: day: 617-406-9444 evening: _____

I, (print name) Hajir Vakilii, 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: _____

18563/22 # 146049001 # 00056644 # _____

NOTES:

CLERK'S INITIALS: _____ [Signature]

ORIGINAL STAMP: received
12-8-10

**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: Nee Ka Inc

Address: 463 McGrath Hwy

City: Somerville, MA State: MA Zip: 02143 Phone #: 617-623-8815

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: ADP Insurance Agency Inc

Address: 1 ADP Boulevard

City: Roseland State: N.J Zip: 07068 Phone #:

Policy #: 007755 Newe Expiration Date: 8-2011

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: Nader Vakili Date: 12-06-2010

Print Name: Nader Vakili

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