



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: BBC AUTO 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, MA RENEWALS  
FOR YEARS.

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: YARD w/ Canopy

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:

\_\_\_\_\_  
\_\_\_\_\_

**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: Clinton A. Peabody Jr. Date 11-15-11

Business Name: DODAKIN'S AUTO SALES

Business Address: 191 BEACON ST. 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: \_\_\_\_\_

**NOTICE OF PREMIUM DUE**  
\*\*\*\*\*



Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: uwservices@cnaSurety.com

Bond/Policy#: 0601 69616165  
Billing Date: 10/28/2011  
Due Date: 01/01/2012

Premium: \$250.00

CLAYTON S. PEABODY  
191 BEACON ST.  
SOMERVILLE, MA 02143

PAID  
11/9/11

Amount Due: **\$250.00**

Bond/Policy#: 0601 69616165  
Effective Date: 01/01/2012      Anniversary Date: 01/01/2013  
Bond amount: \$25,000.00  
Name: CLAYTON PEABODY DBA DODAKINS AUTO SALES  
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. 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)378-1166  
Agency: 20-18386

**Colburn Group, L L C**  
P.O. Box 10  
Marion, MA 02738

Please detach and return the coupon below with your payment. Please send payment to the address below.

CLAYTON S. PEABODY, JR.  
DBA DODAKINS AUTO SALES  
191 BEACON ST. PH. (617) 354-8594  
SOMERVILLE, MA 02143

EXPLANATION	AMOUNT
BOND # 0601 69616165	250

533

5-7017-2110

PAY AMOUNT OF

Two hundred and fifty

250  
100

DOLLARS

CHECK AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
11/9/11	CNA SURETY	DLR - BOND - DLR-1770A	5330

\$ 250.00

**Citizens Bank®**

*Clayton S. Peabody Jr.*

⑈005330⑈ ⑆211070175⑆ 1130725437⑈

**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.

*Clayton S. Deady Jr.*

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*30-0576525*

\_\_\_\_\_  
\*\*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: DODAKIN'S AUTO SALES

Address of taxpayer/applicant's business in Somerville: 191 BEACON ST. SOMERVILLE, MA.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day (617) 354-8594 evening: (617) 924-9209

I, (print name) CLAYTON S. PEARODY, JR., 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 15 day of

Nov., 20 11. Clayton S. Peardoy Jr.  
(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

# 11393      # 24502700      # \_\_\_\_\_

**RECEIVED**  
# 11-28-11

NOTES:

CLERK'S INITIALS: ll

ORIGINAL STAMP:

~~CONFIDENTIAL~~  
A  
Ticket  
pd ticket  
pd 11-28-11

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: DODAKI'S AUTO SALES

Address: 191 BEACON ST.

City: SMERVILLE State: MA Zip: 02143 Phone #: (617) 354-8594

- I am an employer with \_\_\_\_\_ 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: \_\_\_\_\_

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: Clayton S. Peabody Jr. Date: 11-15-11

Print Name: CLAYTON S. PEABODY, JR.

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