



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

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**DOM'S MOTOR SERVICE INC  
RIVERSIDE  
2 UNION SQ  
SOMERVILLE, MA 02143**

License #: 5  
Fee: 550.00  
Account ID: 4  
Reference #: 5

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: <b>RIVERSIDE</b> Business Location: <b>2 UNION SQ</b> Business Phone: <b>617-628-6400</b>	
License Holder: <b>DOM'S MOTOR SERVICE INC RIVERSIDE 2 UNION SQ SOMERVILLE, MA 02143 617-628-6400</b>	2014 JAN 14 A 9:40 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: <b>DOM'S MOTOR SERVICE INC RIVERSIDE 2 UNION SQ SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - CARLO MAUGINI-HANSEN TREASURER - CARLO MAUGINI-HANSEN SECRETARY - GERALDO FABRIZIO</b>	
FID: <b>042370325</b>	
Food Manager/Emergency Contact: <b>CARLO MAUGINI-HANSEN 978-667-3367</b>	

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**

**17 VEHICLES**

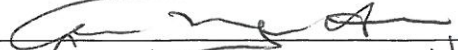
Description of Location and/or Other Conditions:  
**2 cars, 15 cycles**

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.

X Signature:  Date 11-26-13  
Print Name: Carlo Maugini-Hansen Phone 617-628-6400



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Dom's Motor Service Inc.

Address of taxpayer/applicant's business in Somerville: 2 Union Sq.

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

Taxpayer/applicant's phone: day: 617-628-6400 evening: 978-667-3367

I, (print name) \_\_\_\_\_, 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 20<sup>th</sup> day of

November, 20 13.  
\_\_\_\_\_  
(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: \_\_\_\_\_

# 15119      # N/A      # 08303200      # 123077011      # 08950011      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: D

ORIGINAL STAMP:



DES MOINES OFFICE  
2100 FLEUR DRIVE  
DES MOINES, IOWA 50321-1158  
(800) 678-8171  
FAX (515) 243-3854



AUSTIN OFFICE  
P.O. BOX 26720  
AUSTIN, TEXAS 78755-0720  
(800) 252-9656  
FAX (512) 343-8363

### CONTINUATION CERTIFICATE

(to be filed with the obligee)

MA 1098      25,000      MOTOR VEH DLR - USED  
BOND NO.      AMOUNT      DESCRIPTION  
OBLIGEE CITY OF SOMERVILLE

THE MERCHANTS BONDING COMPANY (MUTUAL), Des Moines, Iowa, hereby continues in force Bond for  
PRINCIPAL DOM'S MOTOR SERVICE INC  
DBA RIVERSIDE KAWASAKI YAMAHA

All liability under this Continuation Certificate is effective 11/19/13 and terminates midnight 11/19/14

This continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed in the aggregate the largest single amount named in the Bond, the endorsement attached thereto, or any continuation certificate.

Witness the signature of its President under the corporate seal on 09/01/13

Attest:

*William Warner Jr.*

Secretary



MERCHANTS BONDING COMPANY (MUTUAL)

*Larry Taylor*

President

#### CERTIFICATION

I hereby certify that the following is a true and correct copy of Section 1(b) and Section 1(d) of Article VI of the Bylaws of Merchants Bonding Company (Mutual) duly adopted and recorded to-wit: Section 1(b) "The President, Secretary, or Treasurer or any Assistant Treasurer or any Assistant Secretary shall have power and authority to execute on behalf of the Company and attach the seal of the Company thereto, bonds and undertaking, recognizances, contracts of indemnity and other writings obligatory in the nature thereof," and Section 1(d) "The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

I further certify that the following are duly elected officers of the Company: Larry Taylor, President; and William Warner, Jr., Secretary.

IN TESTIMONY WHEREOF, I have hereunto set my hand as President and affix the Corporate Seal of the MERCHANTS BONDING COMPANY (MUTUAL)

this 1ST day of SEPTEMBER, 2013

Attest:

*William Warner Jr.*

Secretary



MERCHANTS BONDING COMPANY (MUTUAL)

*Larry Taylor*

President

On this 1ST day of SEPTEMBER, 2013 before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL), the corporation described in the foregoing instrument, and that the Seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

Witnessed to and subscribed by me on 09/01/13

*Cindy Smyth*

Notary Public, Polk County Iowa



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: Doms Motor Service DBA Riverside  
Address: 2 Union Sq.  
City: Somerville State: MA Zip: 02143 Phone #: 617-628-6400  
 I am an employer with 15 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 motorcycle parts, sales, service

Workers' compensation insurance information (if applicable):

Insurance Company Name: New Hampshire Ins. Co.  
Address: 70 Pine St.  
City: New York State: NY Zip: 10270 Phone #: 800-300-4472  
Policy #: 015689438 Expiration Date: 7/1/14

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 year's 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.

X Signature: [Signature] Date: 11-26-13  
Print Name: Carlo Manguini-Hansen

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 \_\_\_\_\_