



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

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

**HILLSIDE JAGUAR INC  
45 MYSTIC AVE  
SOMERVILLE, MA 02145**

License #: **903**

Fee: **.00**

Account ID: **620**

Reference #: **903**

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>HILLSIDE SERVICE CENTER</b> Business Location: <b>45 MYSTIC AVE</b> Business Phone: <b>617-623-7388</b>	
License Holder: <b>HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE, MA 02145 617-623-7388</b>	
Mailing Address: <b>HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE, MA 02145</b>	
Business Type: <b>CORPORATION (INC. LLC) SECRETARY - LORRAINE BOUDREAU TREASURER - LORRAINE BOUDREAU PRESIDENT - ROBERT BOUDREAU</b>	
FID: <b>042917732</b>	
Food Manager/Emergency Contact: <b>KATHY BOUDREAU 617-438-7381</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**

**10 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: \_\_\_\_\_

Date

**11-15-14**

Print Name: \_\_\_\_\_

Phone

**617-623-7388**

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

## CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number S-244435

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Hillside Jaguar Inc.

located at

45 Mystic Ave  
Somerville, MA 02143

in favor of **City of Somerville, MA**

for the term beginning December 31st, 2014 and ending on December 31st, 2015, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 28, 2014

By: 

James M. Crawford  
A. A. DORITY Company, Inc.  
262 Washington Street, Suite 99  
Boston, MA 02108  
(617) 523-2935 Fax: 617-523-1707

NGM Insurance Company

Attorney-in-Fact



City of Somerville, Massachusetts  
Finance Department, Treasury Division

2014 NOV 13 A 11:13

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Hillside Jaguar, Inc

Address of taxpayer/applicant's business in Somerville: 45 Mystic Ave

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

Taxpayer/applicant's phone: day: 617 423 7388 evening: 617 923 2420

I, (print name) Robert Boudreau, 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 14. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 11-13-14 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

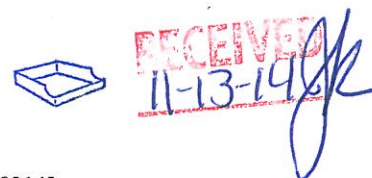
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 10894 # 102013001 # 888 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: JK

ORIGINAL STAMP:



*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: Robert Boudreau  
Address: 45 Mystic Ave  
City: Dorchester State: MA Zip: 02145 Phone #: 617 623 7377  
☒ I am an employer with 1 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 Auto Repair

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Mass Retail Merchant WC Group  
Address: P.O. Box 759222 - 9222  
City: Bainbridge State: MA Zip: 01285 Phone #: 800 790 8827  
Policy #: 014005031604114 Expiration Date: 1/1/15

**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: Robert Boudreau Date: 11-15-14  
Print Name: Robert Boudreau

*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 \_\_\_\_\_