

New

## SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date November 12, 2012

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 11-16-2012

Amount Paid CK 930.55

\$550-  
75-  
ADV.

☒ New Application

Check one: ☐ Class 1 ☒ Class 2 ☐ Class 3

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: City Auto Sales Phone:

Business Location (with Zip Code): 463 McGrath Hwy Somerville MA 02143

Applicant's Legal Name: City Motor Group Inc.

Applicant's Address (with Zip Code):

Applicant's Email Address: citymotorgroup@gmail.com

Applicant's Federal Employer Identification Number: 04-2735968

Mailing Name (where we should send correspondence to): City Motor Group Inc

Mailing Address (with Zip Code): 186 Monsignor O'brien Hwy. Cambridge MA 02141

Emergency Contact: Susan Karya<sup>nis</sup> Phone: 617-376-2644

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☒ Corporation (inc. LLC) ☐ Other

### IF A SOLE PROPRIETOR:

Owner's Name: Charles Karyanis

Address with Zip Code: 4 Hutchinson Lane Quincy MA. 02171

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

Partner's/Member's/President's Name: Charles Karyanis President

Address with Zip Code: 4 Hutchinson Lane Quincy MA. 02171

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

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

2012 NOV 16 A 9:27  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: Fellsway 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 2012 Cambridge 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:

8AM to 8PM Monday to Saturday Sunday 10AM to 6PM

Most car dealers are open these hours

## 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: [Signature] Date Nov 12 2012

Business Name: City Auto Sales

Business Address: 463 McGrath Hwy. Somerville MA. 02143

## FOR NEW APPLICANTS:

### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BB 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: 0 inside  
30 outside

Signature: [Signature] Date: Nov-12-2012

Print Name: EDDIE NUZZO Title: Superintendent

### POLICE DEPARTMENT RECOMMENDATION:

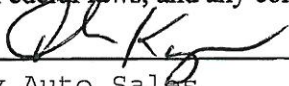
The Chief of Police recommends that the application be

- ☐ Approved  
☐ Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

## 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 Nov 12 2012

Business Name: City Auto Sales

Business Address: 463 McGrath Hwy. 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: Chief

**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.

City Motor Group Inc

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

Charles Karyanis

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

 04-2735968

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

Address of taxpayer/applicant's business in Somerville: 463 Mc Grath Hwy

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

Taxpayer/applicant's phone: day: 617-547-0692 evening: 617-293-6295

I, (print name) Charles Karyanis, 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 13 day of Nov, 2012.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate # 9690 ☐ Water/Sewer # 14604300 ☐ Personal Property # 796 ☐ Other: \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED  
11-16-12

*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: City Motor Group Inc

Address: 182-186 Monsignor O'Brien Hwy

City: Cambridge State: MA Zip: 02141 Phone #: 617-547-0692

- ☒ I am an employer with 3 employees Business Type: ☒ Retail  
(full and/or part time). ☐ Restaurant/Bar/Eating Establishment  
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)  
employees. ☐ Nonprofit  
☐ We are a corporation that has exercised our right of ☐ Entertainment  
exemption per c152 s1(4), and have no employees. ☐ Manufacturing  
☐ We are a nonprofit organization staffed by ☐ Health Care  
volunteers and have no employees. ☐ Other

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

Insurance Company Name: Utica National Ins T Edmund Garrity

Address: 545 Concord Ave Suite 16

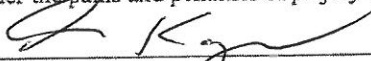
City: Cambridge State: MA Zip: 02138 Phone #: 617 354 4640

Policy #: 4055646 Expiration Date: July 2013

**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:  Date: Nov 12 2012

Print Name: City Motor Group Inc Charles Karyanis

*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