



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**PAT'S AUTO BODY INC
PO BOX 167
SOMERVILLE, MA 02143**

License #: **989**
Fee: **.00**
Account ID: **783**
Reference #: **989**

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: PAT'S AUTO BODY INC Business Location: 308 MCGRATH HWY Business Phone: 617-628-7500	<i>Pat's Enterprises, Inc</i> <i>617-628-7501</i>
License Holder: PAT'S AUTO BODY INC PO BOX 167 SOMERVILLE, MA 02143 617-628-7500	<i>Pat's Enterprises, Inc</i> <i>617-628-7501</i>
Mailing Address: PAT'S AUTO BODY INC PO BOX 167 SOMERVILLE, MA 02143	<i>Pat's Enterprises, Inc</i>
Business Type: CORPORATION (INC. LLC) PRESIDENT - DAVID TAURO SECRETARY - DAVID TAURO TREASURER - DAVID TAURO	
FID: 042762439	
Food Manager/Emergency Contact: DAVID TAURO 617-293-2010	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-SA 9AM-9PM, SU 9AM-5PM**

12 VEHICLES

Description of Location and/or Other Conditions:

CITY CLERK'S OFFICE
SOMERVILLE, MA
OCT 31 A 11:43

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: *David Tauro* Date: *10/30/14*
Print Name: *David Tauro* Phone: *617-293-2010*

Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 69701224

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: April 21, 2004

That we, Pat's Auto Body, Inc., as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at 73 Highland Ave., Somerville, MA 02143 by First Class U.S. Mail. Address

Dated this 22nd day of April, 2004.



Pat's Auto Body, Inc., Principal

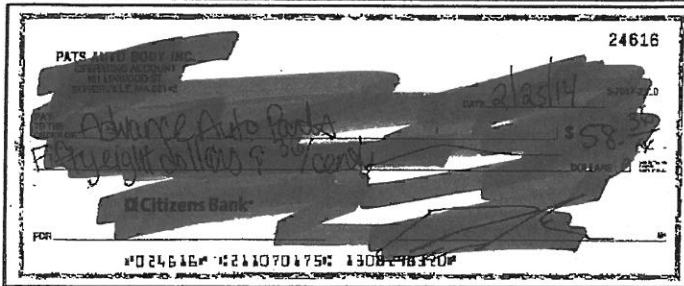
By: [Signature]

WESTERN SURETY COMPANY, Surety

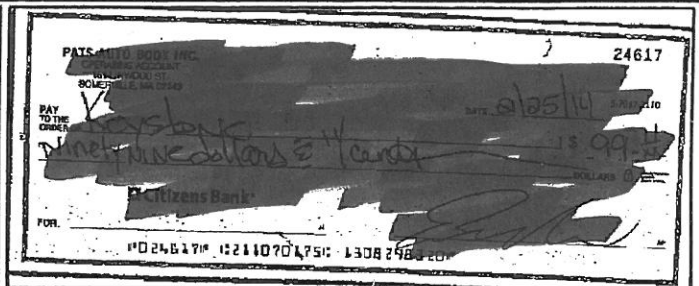
By: Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

Beginning February 14, 2014
 through March 13, 2014

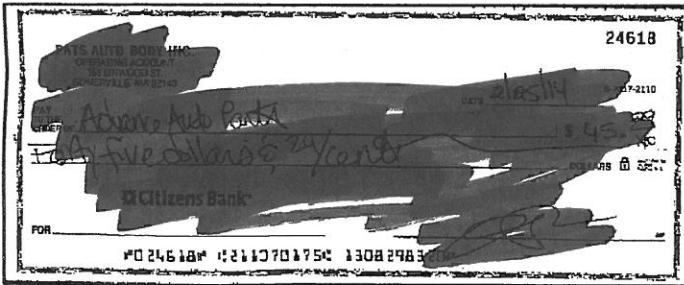
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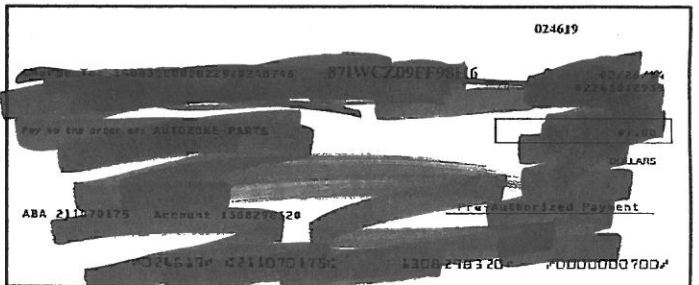
24616 02/26/2014 \$58.36



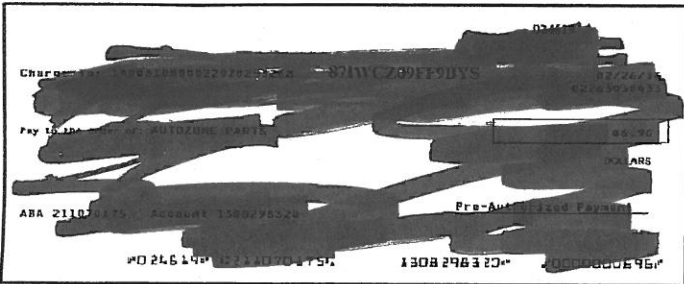
24617 02/27/2014 \$99.11



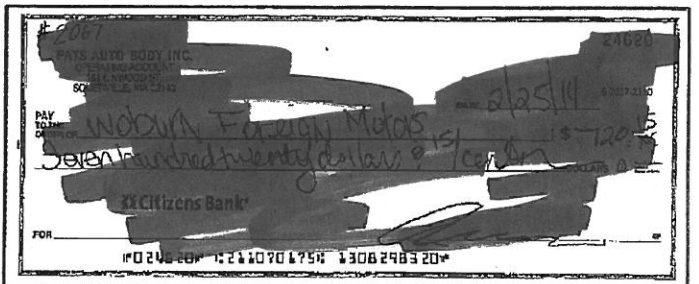
24618 02/26/2014 \$45.29



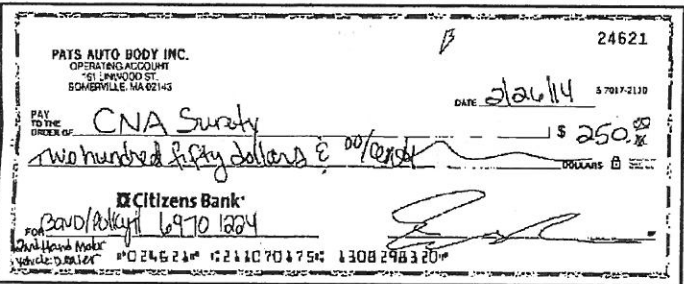
24619 02/26/2014 \$7.00



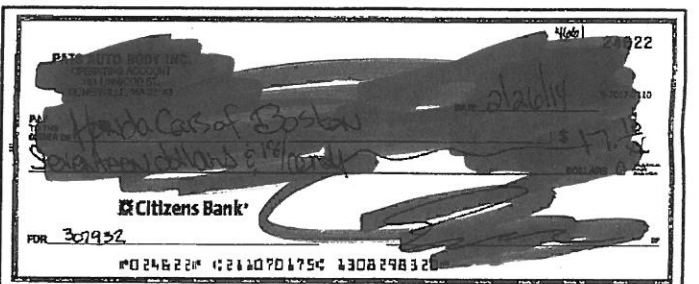
24619 02/26/2014 \$6.96



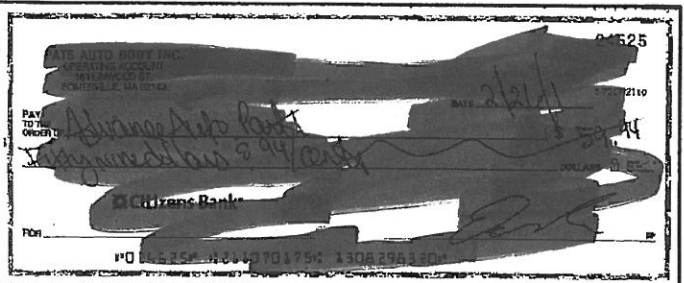
24620 02/27/2014 \$720.15



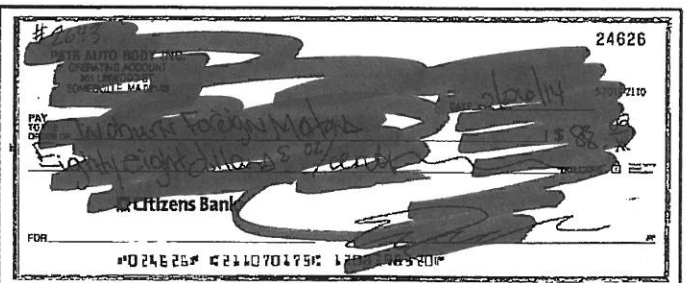
24621 03/04/2014 \$250.00



24622 02/28/2014 \$17.18



24625 02/27/2014 \$59.94



24626 02/28/2014 \$88.02



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

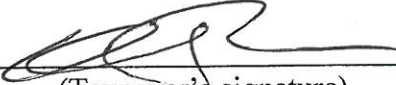
Exact name of taxpayer/applicant's business: Pat's Enterprises, Inc

Address of taxpayer/applicant's business in Somerville: 308 McGrath Highway

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-628-7501 evening: 617-293-2010

I, (print name) David Taur, 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 30th day of October, 2014. X 
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 10-31-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

9858 # 118022001 # _____ # _____

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: Pat's Enterprises, Inc
Address: 308 McGrath Highway
City: Somerville State: MA Zip: 02143 Phone #: 617-628-7501

- I am an employer with 11 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

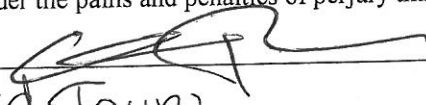
Workers' compensation insurance information (if applicable):

Insurance Company Name: Nor GUARD Insurance Co
Address: PO Box 785570
City: Philadelphia State: PA Zip: 19178 Phone #: 800-673-2465
Policy #: PAWC558958 Expiration Date: 10/31/15

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: X  Date: 10/30/14
Print Name: David Taur

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 _____