



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Used Car Dealer License

PAT'S ENTERPRISES, INC
PO BOX 167
SOMERVILLE MA 02143

License #: BL15-000989
File #: 15-783
Fee: 550

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 ENTERPRISES, INC Business Location: 308 MCGRATH HWY Business Phone: 617-628-7500	617-666-3094
License Holder: PAT'S ENTERPRISES, INC PO BOX 167 SOMERVILLE MA 02143	
Mailing Address: PAT'S ENTERPRISES, INC PO BOX 167 SOMERVILLE MA 02143	
Business Type: Corporation DAVID TAURO DAVID TAURO DAVID TAURO	
FID: 042762439	
Emergency Contact: DAVID TAURO Phone: 617-293-2010	
Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 12 Proposed Hours of Operation if operating outside standard hours: mo- sa 9 am-9 pm, su 9 am-5pm	

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: X

Date: 10/26/15

Printed Name: David Tauro

Phone: 617 293 2010

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One SECOND HAND MOTOR VEHICLE DEALER

bond with bond number 69701224

for PAT'S ENTERPRISES, INC.

as Principal in the penalty amount not to exceed: \$25,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Vice President with the corporate seal affixed this 6th day of March,
2015.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By

Paul T. Bruflat

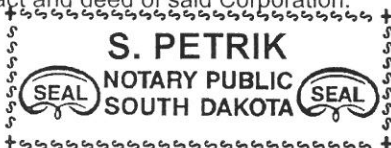
Paul T. Bruflat, Vice President



STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 6th day of March, 2015, before me, a Notary Public, personally appeared
Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the
voluntary act and deed of said Corporation.



My Commission Expires August 11, 2016

S. Petrik

Notary Public





Western Surety Company

RIDER

It is hereby mutually agreed and understood by and between the Principal and Western Surety Company, that instead of as originally written:

The Principal's name has been changed to read:
Pat's Enterprises, Inc.

The address has been changed to read:

182 Washington St.
Somerville, MA 02176

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the Bond, except as hereinabove set forth.

This Rider becomes effective on the 6th day of March, 2015, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of Bond No. 69701224
issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota, to
PAT'S ENTERPRISES, INC.

Signed this 6th day of March, 2015.

WESTERN SURETY COMPANY

By

Paul T. Bruhat

Paul T. Bruhat, Vice President





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: 617-666-3094 evening: 617-293-2010

I, (print name) David Tauro, 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 _____ day of _____, 20____. X [Signature]
(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: _____

9920 # 118022011 # 774 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

10-28-15

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: Pat's Enterprises, Inc
Address: 308 McGrath Hwy
City: Somerville State: MA Zip: 02143 Phone #: 617-666-3094

- ☒ I am an employer with 8 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: WestGUARD Ins Co
Address: P.O. Box 785570
City: Philadelphia State: PA Zip: 19178 Phone #: 800 6732465
Policy #: PAWC668831 Expiration Date: 10/3/2016

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: [Signature] Date: 10/26/15
Print Name: David Taurro

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 _____



Bill To:
Pats Enterprises Inc.
69 East Street
Melrose, MA 02176

Workers' Compensation Insurance Premium Bill
For Policy Number PAWC668831 as of 8/30/2015

Policy Cost: \$ 4,674.00
Billing Fees: \$ 0.00
Total Payments: \$ 0.00
Account Balance: \$ 4,674.00

Policy Period: 10/03/2015 - 10/03/2016
Carrier: NorGUARD Insurance Company
Agent: MACKINTIRE INSURANCE AGEN
508-366-6161

Policy Premium - Down Payment \$ 934.80

NEXT BILL DUE 10/02/2015

\$ 934.80

The down payment for your renewal policy is required by the due date shown for uninterrupted coverage to continue. **If not received, this policy will be canceled in accordance with state law.**
Payment Terms: 20% Down Payment, 9 Monthly Installment(s)

► Please see Important Messages on the back of this bill. ◀

Make your check payable to WestGUARD Insurance Company and remit with the coupon below.



Pats Enterprises Inc.
69 East Street
Melrose, MA 02176

Policy Number: PAWC668831

Due Date: 10/02/2015
Account Number: 16012303668831
Current Amount Due: \$ 934.80
Total Amount Due: \$ 934.80

Amount Enclosed

934 80

WestGUARD Insurance Company
PO BOX 785570
PHILADELPHIA, PA 19178-5570

10022015 16012303668831 000934800 000934800 3

PAT'S ENTERPRISES INC 86 JOY ST BAY 7 SOMERVILLE MA 02143		1326	
PAY TO THE ORDER OF	WestGuard Insurance Co.	DATE	9/16/15
mine hand lly for			53-139-113
Century Bank Somerville, Massachusetts 02145		\$	934.80
FOR 16012303668831		80	DOLLARS
		MP	