



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

2012 NOV 14 P 12:18

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

FMS AUTO SALES LLC
682 MYSTIC AVE
SOMERVILLE, MA 02145

License #: 1022

Fee: 550.00

Account ID: 798

Reference #: 1022

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: For AMERICAN AUTO GALLERY Business Location: 682 MYSTIC AVE Business Phone: 617-440-6651	
License Holder: FMS AUTO SALES LLC 682 MYSTIC AVE SOMERVILLE, MA 02145 617-440-6651	
Mailing Address: FMS AUTO SALES LLC SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) MANAGER - FADI SULEIMAN	
FID: 460627833	
Food Manager/Emergency Contact: FADI SULEIMAN 617-669-2950	

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

Hours: **M-TH 9-7P, F-SA 9-6P, SU 12-5P**

20 VEHICLES
20 VEHICLES OUTSIDE

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: 11-13-2012Print Name: Fadi M. SuleimanPhone: 617-669-2950

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: AMERICAN AUTO GALLERY
Somerville Address and Zip Code: 682 MYSTIC AVE SOMERVILLE MA 02145
Phone Number of the Business: 617-440-6651

The Legal Name of the License Holder: FMS AUTO SALES LLC
Street Address of the License Holder: 682 MYSTIC AVE
City, State and Zip Code of the License Holder: SOMERVILLE MA 02145
Phone Number of the License Holder: 617 440-6651

Where We Should Send Mail: Name: AMERICAN AUTO GALLERY
Street Address: 682 MYSTIC AVE
City, State and Zip Code: SOMERVILLE MA 02145

Federal ID # (Do Not Give a Social Security #): 46-0627833

Emergency Contact and his/her Phone Number: FADI SULEIMAN 617-669-2950

Type of Business (Check Only One and Print the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☐ Corporation: Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ LLC: Name of LLC: FMS AUTO SALES LLC

Names of All Managers: FADI M SULEIMAN

☐ Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date 11-13-2012

MASSACHUSETTS USED CAR DEALER'S BOND

KNOW ALL MEN BY THESE PRESENTS, that we,

FMS Auto Sales LLC dba American Auto Gallery

of 682 Mystic Ave

Somerville

MA 02145

as Principal, and

NGM Insurance Company

55 West Street

Keene, NH 03431-7000

authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto

City of Somerville

City Hall

93 Highland Ave

Somerville, MA 02143

as Oblige, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of

Twenty Five Thousand and 00/100

(\$ 25,000.00), for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees, jointly and severally, firmly be these presents.

Whereas the said Principal is a Dealer having an established place of business at

682 Mystic Ave

Somerville

MA 02145

in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

Now, therefore, the condition of this obligation is such that if the said Principal shall faithfully observe the provisions of Chapter 140, Section 58, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

- Section 1. Recovery Against this bond may be made by any natural person who obtains a final judgment in court against the dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one year after the event giving rise to the cause of action.
- Section 2. Notice of any suit under this bond must be made in writing to the Oblige (written acknowledgement of receipt of said notice by the Oblige to be prima facie evidence of compliance with this requirement of notice).
- Section 3. The Surety may cancel said bond by giving thirty (30) days notice in writing by U.S. First Class mail to the Oblige and this bond shall be deemed cancelled.

Effective this 25th day of September, 2012.

Witness



FMS Auto Sales LLC dba American Auto Gallery

(Seal)

By 

Principal

Witness



NGM Insurance Company

(Seal)

By 

Surety

Sharlene Wulleman Attorney-in-Fact



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: FMS AUTO SALES LLC DBA AMERICAN AUTO GALLERY

Address of taxpayer/applicant's business in Somerville: 682 MYSTIC AVE SOMERVILLE MA 02145

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-440-6651 evening: 617-669-2950

I, (print name) Fadi M. Sulciman, 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____. [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: _____

02049060 # 248035011 # 927 # _____

NOTES: 10712

CLERK'S INITIALS: A

ORIGINAL STAMP:  RECEIVED
4-11-14-12

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: FMS AUTO SALES LLC D.B.A/AMERICAN AUTO GALLERY

Address: 682 MYSTIC AVE

City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 440-6651

☒ I am an employer with 2 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: NORGWARD INSURANCE COMPANY

Address: P.O BOX A-H

City: WILKES-BARRE State: PA Zip: 18703 Phone #: 1-800-673-2465

Policy #: AUWC354520 Expiration Date: 09-24-2013

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: 11-13-2012

Print Name: Fadi M. Suleiman

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 _____