



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

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

**MASS AUTO BROKERS INC.**  
631 SOMERVILLE AVE  
SOMERVILLE, MA 02143

License #: 993

Fee: 550.00

Account ID: 785

Reference #: 993

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 <b>MASS AUTO BROKERS INC.</b> Business Location: <b>631 SOMERVILLE AVE</b> Business Phone: <b>857-251-9723</b>	
License Holder: <b>MASS AUTO BROKERS INC.</b> <b>631 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>857-251-9723</b>	
Mailing Address: <b>MASS AUTO BROKERS INC.</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ADILSON OLIVEIRA</b> <b>SECRETARY - ADILSON OLIVEIRA</b>	
FID: <b>451750608</b>	
Food Manager/Emergency Contact: <b>ADILSON OLIVEIRA</b> <b>857-246-2337</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**

- 9 VEHICLES
- 7 VEHICLES INSIDE
- 2 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: [Signature] Date: 12/31/12

Print Name: ADILSON P. DeOliveira Phone: 857-234-4218

2013 JAN -2 P 3:13  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

## 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: MASS AUTO Brokers  
Somerville Address and Zip Code: 631 Somerville Ave, Somerville 02143  
Phone Number of the Business: 857-234-4218

The Legal Name of the License Holder: MASS AUTO Brokers Inc  
Street Address of the License Holder: 631 Somerville Ave  
City, State and Zip Code of the License Holder: Somerville Ma 02143  
Phone Number of the License Holder: 857-234-4218

Where We Should Send Mail: Name: MASS AUTO Broker Inc  
Street Address: 631 Somerville Ave  
City, State and Zip Code: Somerville ma 02143

Federal ID # (Do Not Give a Social Security #): 45-1750 608

Emergency Contact and his/her Phone Number: 857-234-4218

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: MASS AUTO Brokers Inc

Name of President: ADILSON P. DeOliveira

Name of Secretary: Same Name of Treasurer: Same

☐ LLC: Name of LLC: \_\_\_\_\_

Names of All Managers: \_\_\_\_\_

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 12/31/12

Massachusetts



# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 61180730

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: October 18th, 2011

That we, MASS AUTO BROKERS 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 \_\_\_\_\_  
CITY OF SOMERVILLE 93 HIGHLAND AVE, SOMERVILLE, MA 02143

by First Class U.S. Mail.

Address \_\_\_\_\_

Dated this 18th day of October, 2011.



MASS AUTO BROKERS INC, Principal

By: \_\_\_\_\_

WESTERN SURETY COMPANY, Surety

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



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: MASS AUTO BROKERS INC

Address of taxpayer/applicant's business in Somerville: 631 Somerville Ave, Somerville  
02143

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

Taxpayer/applicant's phone: day: 857-2344218 evening: \_\_\_\_\_

I, (print name) ADILSON P DE OLIVEIRA, 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 28<sup>th</sup> day of  
December, 20 12.  
(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: \_\_\_\_\_

# 13726 # 24104101 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED  
URBANCUS  
1-2-13

*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: MASS AUTO Brokers Inc

Address: 631 Somerville Ave

City: Somerville

State: ma

Zip: 02143 Phone #: 857-234-4218

- ☒ I am an employer with 1 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: AIM Mutual Ins. Co.

Address: 54 3rd Ave - POBox 4070

City: Burlington

State: ma

Zip: 01803 Phone #: 800-876-2765 EXT 8704

Policy #:

Expiration Date: 12/29/13

**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: 12/31/12

Print Name: Adilson P. DeOliveira

*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