



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

A & E AUTO REPAIR, INC.
13 JOY ST
SOMERVILLE, MA 02143

License #: **999**
Fee: **550.00**
Account ID: **531**
Reference #: **999**

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 A & E AUTO REPAIR, INC. Business Location: 13 JOY ST Business Phone: 617-666-0713		
License Holder: A & E AUTO REPAIR, INC. 13 JOY ST SOMERVILLE, MA 02143 617-666-0713	2012 NOV 16 A 9:39 CITY CLERK'S OFFICE SOMERVILLE, MA	
Mailing Address: A & E AUTO REPAIR, INC. SOMERVILLE, MA 02143		Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIANE FERREIRA SECRETARY - ELIANE FERREIRA
FID: 274431119		Food Manager/Emergency Contact: ELIANE FERREIRA 781-350-8881

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

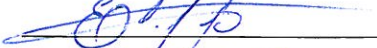
Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

- 12 VEHICLES
- 8 VEHICLES INSIDE
- 4 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 11/12/2012
Print Name: Eliane Ferreira Phone 617-666-0713

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: A and E Auto Repair, inc
Somerville Address and Zip Code: 13 yoy st 02143
Phone Number of the Business: 617-666-0713

The Legal Name of the License Holder: A and E Auto Repair
Street Address of the License Holder: 13 yoy st
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617-666-0713 / 781-350-8881

Where We Should Send Mail: Name: A and E Auto Repair
Street Address: 13 yoy st
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 27-4431119

Emergency Contact and his/her Phone Number: Eliane 781-350-8881

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: A and E Auto Repair
Name of President: Eliane Ferreira
Name of Secretary: Eliane Ferreira Name of Treasurer: _____
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 11/12/2012

Massachusetts



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 61115195

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: July 22nd, 2011

That we, A&E AUTO REPAIR 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 93 HIGHLAND AVE, SOMERVILLE, MA 02143

by First Class U.S. Mail.

Address

Dated this 22nd day of July, 2011.



A&E AUTO REPAIR INC, Principal

By: _____

WESTERN SURETY COMPANY, Surety

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



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: A and I Auto Repair

Address of taxpayer/applicant's business in Somerville: 13 yoy st

Address of taxpayer/applicant's home in Somerville: 51A Tufts st

Taxpayer/applicant's phone: day: 617-666-0713 evening: 781-350-8881

I, (print name) Liane Ferreira, 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 12-14 day of November, 2012.

[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: _____

20663009 # 145056011 # 721 # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

Bill Inquiry - Munis [City of Somerville]

My File Edit Tools Help



- History
- Detail
- Orig Bill
- Effective Date
- Lien/Sale
- Scan Bill
- Quick Entry
- Utility Acct
- Customer
- Name
- Parcel
- Prop Code
- Bill Dates
- Bill Audits
- Bill Events
- Reprint
- Preferences
- Diagnostics

Year/Type/Bill No.

2013 PP-R 721

Customer Account

35
 A & E AUTO REP
 A & E AUTO REP
 13 JOY ST
 SOMERVILLE, MA
 617-666-0712

Special Con

Property Information

Parcel ID
 Prop ID 124420
 Prop Loc 13 JOY ST

Installment Information

Int Dt	Billed	Abt/Adj	Pmt/Crd	Interest	Unpaid bal
08/02/12	58.96	.00	58.96	.00	.00
11/02/12	58.96	.00	.00	.43	59.39
02/02/13	.00	.00	.00	.00	.00
05/02/13	.00	.00	.00	.00	.00
Fees/Pen	.00	.00	.00	.00	.00
Totals	117.92	.00	58.96	.43	59.39

Notes/Alerts

JAN 1 Owner: A & E AUTO REPAIR IN

DBA: A & E AUTO REPAIR INC

View prior unpaid bills

Due 11/20/2012	59.39
Per Diem	.02
Int Paid	.00
Total Paid	58.96

Display transaction history for the current bill.

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: A and J Auto Repair
Address: 13 yoy st
City: Somerville State: MA Zip: 02143 Phone #: 617-666-0713

- 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: Travelers
Address: 1 Tower Square, Hartford
City: Hartford State: CT Zip: 06183 Phone #: 1-800-252-2268
Policy #: 3B789469 UB Expiration Date: 04/09/2013

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: [Signature] Date: 11/12/2012
Print Name: Eliane Ferreira

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 _____