

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

Date 9/15/2014

2014 SEP 15 11 38 AM
FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____
CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application Check one: Class 1 Class 2 Class 3
 Renewing Application with Additions or Changes Vehicles stored: 0 inside
 Renewing Application with NO Additions or Changes 10 outside

Business (DBA) Name: Instacar Phone: (617) 868-8580

Business Address (in Somerville): 38 - 42 Medford St. Somerville, MA 02143

Applicant's Federal Employer Identification Number: 272840847

Applicant's Legal Name: All Rite Collision LLC

Mailing Name (who we should send correspondence to): All Rite Collision LLC

Mailing Address (with Zip Code): 38 - 42 Medford St. Somerville MA 02143

Emergency Contact: Alec Arzumanyan Phone: (617) 868-8580

* 781 - 316 - 7626
Andre

Type of Business (Check Only One and Provide 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: All Rite Collision LLC
Names of All Managers Who Own More Than 10%: Alec Arzumanyan

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

Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Y __ N X

Is your principal business the sale of new motor vehicles? Y __ N X

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract? Y __ N __

If yes, provide the name of the manufacturer(s): _____

Is your principal business the buying and selling of second hand motor vehicles? Y __ N X

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location? Y __ N __

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼? Y __ N __

If yes, provide the name of the repair facility: _____

Is your principal business that of a motor vehicle junk dealer? Y __ N X

Have you ever obtained a license to deal in second hand motor vehicles or parts? Y __ N X

If yes, list year, city and state _____

Have you ever been denied a license to deal in second hand motor vehicles or parts? Y __ N X

If yes, list year, city and state _____

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended? Y __ N X

If yes, list year, city and state _____

I request permission to store 0 vehicles inside the building, and 10 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: _____ Date 9/15/2014

Business Name: All Rite Auto Collision LLC

Business Address: 38 - 42 Medford St. Somerville, MA 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a EA Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: 10 inside

Signature: _____ Date: 9-18-14

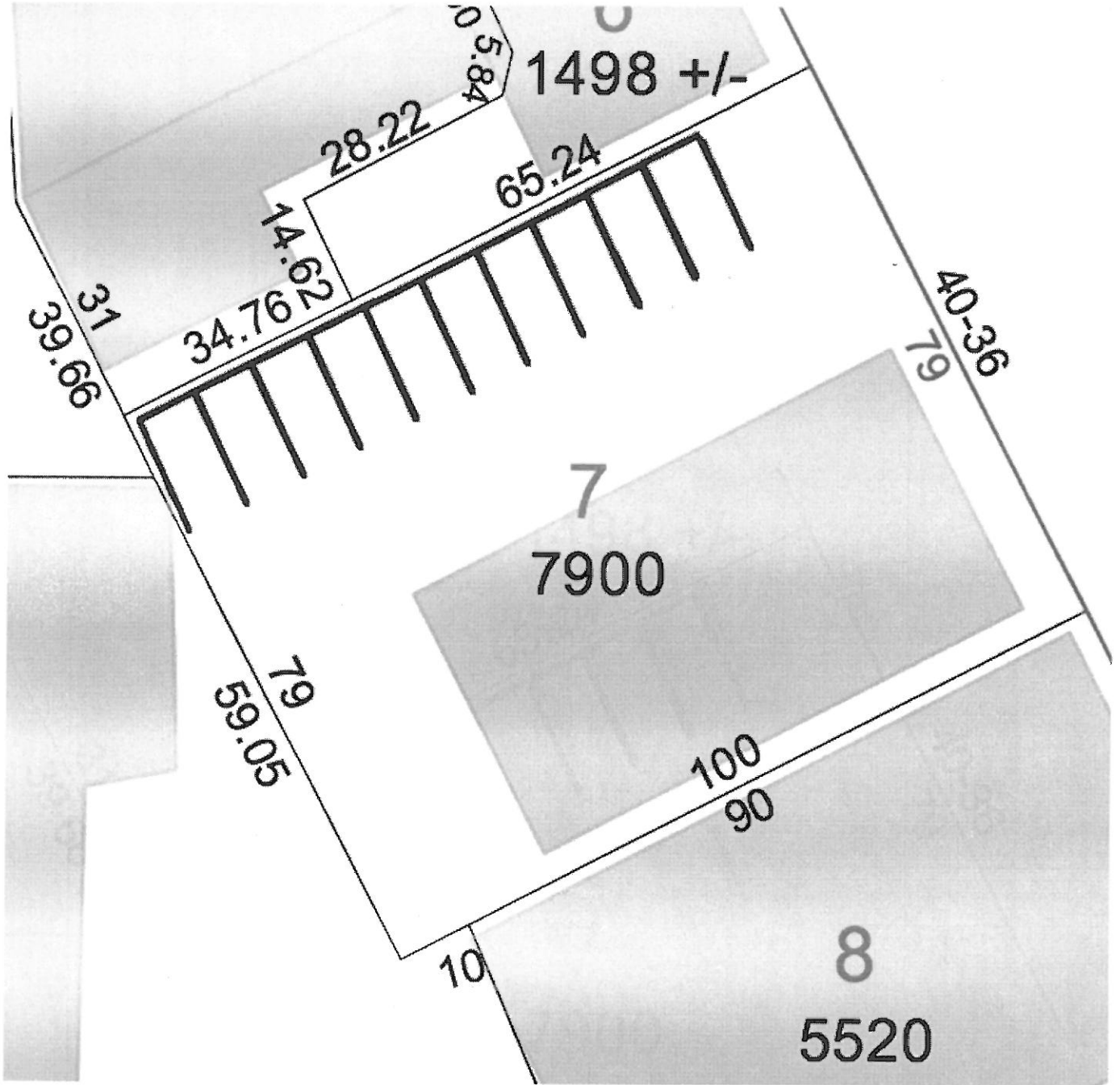
Print Name: Leo J. Karpotian Title: Bldg Insp

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: PLATS Name and Title: Paul R. Taint
Deputy Chief



MASSACHUSETTS USED CAR DEALER'S BOND

Bond No. 3036218

Effective Date: 01/01/2015

KNOW ALL MEN BY THESE PRESENTS, that we, ALL RITE COLLISION LLC of 38 Medford St. Somerville Massachusetts 02143, as Principal, and Great American Insurance Company, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto City of Somerville, MA, as Obligee, 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 (\$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 Dealer having an established place of business at 38 Medford St. Somerville Massachusetts 02143 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 Principal shall faithfully observe the provisions of Chapter 140, Section 58 as amended by Chapter 422 of the Acts of 2002, 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.

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. Notice of any suit under this bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to be prima facie evidence of compliance with this requirement of notice). This bond shall cover only those acts and omissions as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002.

This bond shall be continuous and may be cancelled by the Surety by giving sixty (60) days notice in writing by certified mail to the Obligee and bond shall be deemed canceled.

Dated this 02nd day of December, 2014.

ALL RITE COLLISION LLC, Principal
By: [Signature]
Great American Insurance Company, Surety
By: [Signature]
John D. Weisbrot, Attorney-in-Fact

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than **THREE**

No. 0 20281

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
JOHN D. WEISBROT	ALL OF	ALL
PATRICIA A. TINSMAN	PIPERSVILLE, PENNSYLVANIA	\$1,000,000
RICK A. BREDOW		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this **29TH** day of **JANUARY**, 2014 .
Attest GREAT AMERICAN INSURANCE COMPANY



Stephen C. Beraha
Assistant Secretary

David C. Kitchin
Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this **29TH** day of **JANUARY**, 2014, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Shelle Clontz
Notary Public, State of Ohio
My Commission Expires 08-09-2015

Shelle Clontz

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this *2nd* day of *December*, 2014 .



Stephen C. Beraha
Assistant Secretary



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: All Rite Collision LLC

Address of taxpayer/applicant's business in Somerville: 38-43 Medford St.

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

Taxpayer/applicant's phone: day: (617) 868-8580 evening: (781) 316-5342

I, (print name) Alec Arzumanyan, 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 15th day of September, 20 14. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 12-8-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
9963 # 145036001 # 799 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:  12-8-14 [Signature]

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: All Rite Auto LLC
Address: 38 - 42 Medford St.
City: Somerville State: MA Zip: 02143 Phone #: (617) 868-8580

I am an employer with _____ 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 Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Hartford
Address: 175 Federal St.
City: Boston State: MA Zip: 02110 Phone #: 1-866-467-8730
Policy #: 6S60UB-4263P08-3-14 Expiration Date: 06/17/2015

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: 9/15/2014
Print Name: Alec Arzumanyan

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 _____

(revised Jan. 2008)

Date: October 2, 2014

To Whom It May Concern

Re: Letter of recommendation for Mr. Alec Arzumanyan

Dear Sir or Madam,

I have known Alec professionally since he leased our property in June of 2010 to open the All Rite Collision auto repair facility.

I have always found Alec to be sincere, professional, and reliable in all of his work and personal matters.

Do not hesitate to contact me should you have any questions or require further information.

Yours sincerely,



Phil Moran

617-212-9814

38 - 42 Medford St. Trust

Date: October 2, 2014

To Whom It May Concern

Re: Letter of recommendation for Mr. Alec Arzumanyan

Dear Sir or Madam,

I have known Alec professionally as a accounting and bookkeeping customer since October of 1999.

I have always found Alec to be sincere, professional, and reliable in all of his work and personal matters.

Do not hesitate to contact me should you have any questions or require further information.

Yours sincerely,



Dale Haroutunian, CPA

Mt. Auburn Realty
617-924-8759

97/ F/ 4/ /
AZEVEDO CORI-T & MADDALO C
TRUSTEES
22 SOUTH ST
SOMERVILLE, MA 02143

97/ F/ 10/ /
DIFAVA MICHAEL & MARIE
4 BEDFORD ST
SOMERVILLE, MA 02143

97/ F/ 12/ /
TRINGALI MARIE P
35R PORTER ST
SOMERVILLE, MA 02143

97/ F/ 13/ /
NYLUND LUCY & TROMPETTER ISAAC
39 PORTER ST
CAMBRIDGE, MA 02141

97/ F/ 15/ /
FRANCIOSO RALPH P & ROSEMARIE
51 PORTER STREET
CAMBRIDGE, MA 02141

97/ F/ 16/ /
TAVARES LINO B & IRENE S
TRUSTEES
53 PORTER STREET
CAMBRIDGE, MA 02141

97/ D/ 9/ /
SOMERVILLE REDEVELOPMENT
93 HIGHLAND AVE
SOMERVILLE, MA 02143

97/ D/ 14/ /
DELHI PROPERTIES II LLC
15 WARD ST
SOMERVILLE, MA 02143

97/ V/ 7/ /
BONO FRANCESCO &
99 CRESCENT AVE
CHELSEA, MA 02150

97/ F/ 9/ 1F/
MATTHEWS CHARLES
6 BEDFORD ST #3F
SOMERVILLE, MA 02143

97/ F/ 9/ 1R/
BRIGGS THERESA A
115 WYMAN ST
MEDFORD, MA 02155

97/ F/ 9/ 2F/
MATTHEWS CHARLES
6 BEDFORD ST #3F
SOMERVILLE, MA 02143

97/ F/ 9/ 2R/
COHEN SHIRA M
12 DIMICK ST #3
SOMERVILLE, MA 02143

97/ F/ 9/ 3F/
MATTHEWS CHARLES
6 BEDFORD ST #3F
SOMERVILLE, MA 02143

97/ F/ 9/ 3R/
MATTHEWS CHARLES
6 BEDFORD ST #3F
SOMERVILLE, MA 02143

97/ E/ 9/ 1/
SORENSEN JAMES B & AMELIA
7 BEDFORD ST #1
SOMERVILLE, MA 02143

97/ E/ 9/ 2/
HYMAN JACOB A
7 BEDFORD ST #2
SOMERVILLE, MA 02143

97/ E/ 9/ 4/
SILBERMAN SUSAN N
7 BEDFORD ST #4
SOMERVILLE, MA 02143

97/ F/ 5/ 1/
FRIEDMAN ADAM M
18 SOUTH ST #1
SOMERVILLE, MA 02143

97/ F/ 5/ 2/
LEUNG MINWAH
18 SOUTH ST #2
SOMERVILLE, MA 02143

97/ F/ 5/ 3/
MADJARAC MARKO
18 SOUTH ST #3
SOMERVILLE, MA 02143

97/ F/ 6/ /
MISSIURO PATRYCJA V & VASILYEV
DMITRY
17 VINAL AVE #2
SOMERVILLE, MA 02143

97/ C/ 5/ /
TRUST P & P CARROLL REALTY
33 CHAMPA RD
BILLERICA, MA 01821

97/ C/ 11/ /
DICECCA CAMILLO V TRUSTEE
260 LAWRENCE RD
MEDFORD, MA 02155

97/ C/ 13/ /
CARROLL PAUL R & PAULA M
TRSTEEES
33 CHAMPA RD
BILLERICA, MA 01821

97/ D/ 1/ /
GOLD RICHARD A TRUSTEE
15 WARD ST
SOMERVILLE, MA 02143

97/ D/ 3/ /
ZHANG JING
20 CONSTITUTION RD
LEXINGTON, MA 02421

97/ D/ 5/ /
DICECCA MARY T & FRANCIS L TRSTS
260 LAWRENCE ROAD
MEDFORD, MA 02155

97/ D/ 6/ /
DICECCA MARY T & FRANCIS L
TRUSTEES
260 LAWRENCE RD
MEDFORD, MA 02155

97/ D/ 8/ /
MATAEV ERIK TRUSTEE
C/O AETHAN MATAEV
182 BROOKLINE ST
NEWTON, MA 02459

97/ D/ 10/ /
GENTA MATTHEW J
1 BOARDMAN AVE
MANCHESTER, MA 01944

97/ D/ 11/ /
DELHI PROPERTIES LLC
15 WARD ST
SOMERVILLE, MA 02143

97/ E/ 1/ /
UGLIETTO CHARLES J
20 MEDFORD ST
SOMERVILLE, MA 02143

97/ E/ 4/ /
MIKMEG CORPORATION
16 MEDFORD ST
SOMERVILLE, MA 02143

97/ E/ 7/ /
PEREIRA ANTONIO S
51 WARREN ST
SOMERVILLE, MA 02143

97/ F/ 1/ /
MOY SAM & EVADNE
305 MINISTERIAL DRIVE
CONCORD, MA 01742

97/ F/ 2/ /
BARBUTO VINCENT & BENSON JAMES
26 SOUTH ST
SOMERVILLE, MA 02143

97/ F/ 8/ /
UGLIETTO CHARLES J
21 EDMUNDS WAY
BELMONT, MA 02478

97/ I/ 5/ /
ANTHONY ARTHUR J JR
262 SANDY POND ROAD
LINCOLN, MA 01773-9800

113/ B/ 1/ /
ATLANTIC-SOMERVILLE REALTY LLC
205 NEWBURY ST
FRAMINGHAM, MA 01701

113/ B/ 2/ /
TRUST SURE LOCK BUILDING
P O BOX 198
STILLWATER, MN 55082

113/ B/ 3/A /
35-37 MEDFORD STREET LLC
155 CHESTNUT AVE
JAMAICA PLAIN, MA 02130

97/ B/ 11/ /
RAINHA LUBELIA A & ANTONIO
24 HORACE ST
SOMERVILLE, MA 02143

97/ B/ 12/ /
ALMEIDA ANTONIO M & MANUELA M
22 HORACE ST
SOMERVILLE, MA 02143

97/ B/ 13/ /
ANDRADE STEPHEN P
44 BELCHER DR
SUDBURY, MA 01776

97/ C/ 6/ /
SARAPINA JOHN J FOR LIFE
4 BLAKELEY CIR
RANDOLPH, MA 02368

97/ C/ 7/ /
MORGAN PAUL J
46 WARWICK ST
SOMERVILLE, MA 02145

97/ C/ 8/ /
STRACQUALURSI VICTOR FOR LIFE
20 COLUMBUS AVE
SOMERVILLE, MA 02143

97/ C/ 14/ /
TRUST P & P CARROLL REALTY
33 CHAMPA RD
BILLERICA, MA 01821

97/ D/ 4/ /
SIMEONE JULIA A FOR LIFE
7 WARD ST
SOMERVILLE, MA 02143

97/ E/ 10/ /
TRUST THE 15 PORTER STREET
26 PORTER ST #2
CAMBRIDGE, MA 02141-1013

97/ E/ 11/ /
RAPOSO MARIA LUCINDA
3 BEDFORD ST
SOMERVILLE, MA 02143