



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**PRESTIGE AUTO IMPORTS INC
WEBSTER AUTO SALES
61 PROSPECT ST
SOMERVILLE, MA 02143**

License #: **995**

Fee: **.00**

Account ID: **787**

Reference #: **995**

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: WEBSTER AUTO SALES Business Location: 61 PROSPECT ST Business Phone: 617-628-4477	
License Holder: PRESTIGE AUTO IMPORTS INC WEBSTER AUTO SALES 61 PROSPECT ST SOMERVILLE, MA 02143 617-628-4477	
Mailing Address: PRESTIGE AUTO IMPORTS INC WEBSTER AUTO SALES 61 PROSPECT ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - REZA PARINEJAD SECRETARY - REZA PARINEJAD TREASURER - REZA PARINEJAD	
FID: 043283967	
Food Manager/Emergency Contact: REZA PARINEJAD 617-593-6551	

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

Hours: **MO-FR 9-7P, SA 9-5P, SU 12-5P**

22 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: 11-12-14

Print Name: REZA PARINEJAD Phone: 617-593-6551

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com

Company#: 0601

Bond/Policy#: 69567426

Billing Date: 09/26/2014

Due Date: 12/01/2014

Premium: \$250.00

WEBSTER AUTO SALES
P. O. BOX 1011
ALLSTON, MA 02134

Handwritten: C-# 1364
11-12-14

Amount Due: \$250.00

Company#: 0601

Bond/Policy#: 69567426

Effective Date: 12/01/2014

Bond amount: \$25,000.00

Name:

Description: MA SECOND HAND MOTOR VEHICLE DEALER

Anniversary Date: 12/01/2015

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (508)378-1166
Agency Code: 20-18386

Colburn Group, L L C
P.O. Box 10
Marion, MA 02738

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: WEBSTER AUTO SALES

Address of taxpayer/applicant's business in Somerville: 48 WEBSTER AVE, SOMERVILLE, MA
02143

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

Taxpayer/applicant's phone: day: 617-628-4477 evening: _____

I, (print name) MICHAEL RAPOSA, 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 19th day of
NOVEMBER, 2014. Michael Raposa
(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: _____

16082 # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED
URB
11-13-14

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: PRESTIGE AUTO IMPORTS INC DBA WEBSTER AUTO SALES
Address: 61 PROSPECT STREET
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-628-4417

☒ I am an employer with 0 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: TECHNOLOGY INSURANCE COMPANY
Address: P.O. BOX 31520
City: CLEVELAND State: OH Zip: 44131 Phone #: _____
Policy #: TWC 3314583 Expiration Date: 3/30/15

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: 11-12-14

Print Name: REZA PARINEJAD

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 _____