

21 AUTOS

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date NOV. 18, 10

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 11/22/10 - MS
Amount Paid \$ 500.00 OK 11/18/10

☐ New Application

Check one: ☐ Class 1 ☒ Class 2 ☒ Class 3

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business Name: SOUZA BROS. FOREIGN CAR SERVICE INC. Phone: 617 628-9517

Business DBA Name (if applicable): _____

Address with Zip Code: 35-37 PROSPECT ST. SOM. MASS. 02143

Tax Identification Number: 042 606 053 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): SAME

Address with Zip Code: _____

Property Owner Name: FRANK A - SOUZA Phone: _____

Address with Zip Code: 50 HAMMER SMITH DRIVE SAUGUS MASS.

Emergency Contact 1: FRANK A - SOUZA Phone: _____

Emergency Contact 2: CHARLES M - SOUZA Phone: _____

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2010 NOV 22 A 9:59
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Y ☐ N ☒

Is your principal business the sale of new motor vehicles?

Y ☐ N ☒

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 ☐

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: 3537 PROSPECT ST. SOMM.

Is your principal business that of a motor vehicle junk dealer?

Y ☐ N ☒

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

Y ☒ N ☐

If yes, list year, city and state 20 YRS SOMM. MASS.

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

Y ☐ N ☒

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 ☒

If yes, list year, city and state _____

Describe all of the premises to be used in the business:

52' BY 52' FEET GARAGE
OFFICE SPACE 30' BY 23' OFFICE SPACE & 25 TO 30 CARS PARKING LOT 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.

Signature of Applicant: Frank A. Souza Date 11-22-10

Business Name: SOUZA BROS. FOREIGN CAR SERV. INC.

Business Address: 35-37 PROSPECT SQ. SOM. MASS. 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ 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: _____ inside
_____ outside

Signature: _____ Date: _____

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature: _____ Name and Title: _____

NOTICE OF PREMIUM DUE

CNA

P. O. Box 5077
Sioux Falls, SD 57117-5077
1-888-866-2666

SOUZA BROTHERS FOREIGN CAR SERVICE, INC
35-37 PROSPECT ST
SOMERVILLE, MA 02143

Bond/Policy #01 69614524

Billing Date 10/26/2010
Filing Date 01/01/2011

Premium \$250.00

Amount Due \$250.00

Bond/Policy# 0601 69614524
Effective Date: 01/01/2011 Anniversary Date: 01/01/2012
Penalty \$25 000.00
Name SOUZA BROTHERS FOREIGN CAR SERVICE, INC
Description MA SECOND HAND MOTOR VEHICLE DEALER
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. Prompt payment allows us to issue or continue 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 20-18386

Colburn Rider Insurance
Agency, Inc.
P.O. Box 10
Marion, MA 02738

Please detach and return the original coupon below with your payment

Handwritten: 11-16-10 18140 5000

SOUZA BROS.
FOREIGN CARS SERVICE INC.
35-37 PROSPECT STREET
SOMERVILLE, MASSACHUSETTS 02143

REMITTANCE ADVICE	
Renewal of Bond Policy	0601 69614524
01-01-2011 to 01-01-2012	
Second Hand Motor Vehicle	

1017-2110
18140

DATE		TO THE ORDER OF		MRS		GROSS		SOC. SEC.		MED.		FED. WITH		STATE	
11/10		CNA Surety													
DESCRIPTION															

CHECK AMOUNT \$ 250.-

Handwritten: Charles M. [unclear]

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

Sony Bros. Foreign Ltd. Inc.
*Signature of Individual or Corporate Name (Mandatory)

Frank A. Souza
By: Corporate Officer (Mandatory, if a corporation)

042 606 053
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOUZA BROS. FOREIGN CAR SERVICE
Address of taxpayer/applicant's business in Somerville: 3537 PROSPECT ST. SOM. MASS.
Address of taxpayer/applicant's home in Somerville: 50 HAMMERSMITH DRIVE
Taxpayer/applicant's phone: day: 617 628 9517 evening: _____

I, (print name) FRANK A. SOUZA, 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 22 day of Nov, 2010. Frank A. Souza
(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: _____
19637020 # 120095001 # 08970032 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBarras

11-22-10

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: SOUZA BROS. FOREIGN CAR SERV. INC.
Address: 35-37 PROSPECT ST.
City: SOM. State: MASS. Zip: 02143 Phone #: 617 628-9517

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with <u>2</u> employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other |

Workers' compensation insurance information (if applicable):

Insurance Company Name: MASS. RETAIL MERCHANTS W.C. GROUP INC.
Address: 10 BRITISH AMERICAN BLVD.
City: LATHAM State: NY Zip: 12110 Phone #: _____
Policy #: 014005031768110 Expiration Date: 1-01-2011

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: FRANK A. SOUZA Date: _____
Print Name: FRANK A. SOUZA

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other

INFORMATION PAGE

RENEWAL AGREEMENT

MA Retail Merchants WC Group Inc.
 10 British American Blvd.
 Latham, NY 12110
 (Carrier Code: 34355)

Producer: Agent# 1625
 Nessara Insurance Agency, Inc.
 574 Boston Road, Suite #14
 Billerica, MA 01821
 Certificate #: 014005031768110
 Prior Certificate #: 014005031768109

1. The Employer: Souza Brothers Foreign Car Service, Inc.
 Mailing Address: 35-37 Prospect St.
 Somerville, MA 02143

Other workplaces not shown above:
 NO OTHER WORKPLACES FOR THIS POLICY

Fein: 042606053
 Type of Business: Corporation
 Risk ID:

2. The certificate period is from 12:01 a.m. on 1/01/2010 to 12:01 a.m. on 1/01/2011 at the insured's mailing address.
3. A. Workers Compensation Coverage: Part One of the certificate applies to the Workers Compensation Law of the states listed here:
 MA
- B. Employers Liability Coverage: Part Two of the certificate applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ <u>100,000</u>	each accident
Bodily Injury by Disease	\$ <u>500,000</u>	certificate limit
Bodily Injury by Disease	\$ <u>100,000</u>	each employee

C. Other States Coverage:

D. This certificate includes these endorsements and schedules:

WC000000A(04/92) WC000310(04/84) WC000414(07/90) WC000422A(09/08) WC200301(04/84)
 WC200302(05/86) WC200303B(07/99) WC200405(06/01) WC200601(06/92)

4. The contribution for this certificate will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Contribution Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Contribution
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Contribution 1,015.00

Minimum Contribution \$ 266.00 Expense Constant \$.00

WC 00 00 01 A Issue Date: 1/11/2010

Countersigned by _____