



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2015 OCT 30 A 10:18  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

**Application to Renew Used Car Dealer License**

**John's Auto Sales Inc.**  
**181 Somerville Ave**  
**Somerville MA 02143**

**License #:** BL15-001129  
**File #:** 15-001657  
**Fee:** 605

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> John's Auto Sales <b>Business Location:</b> 181 Somerville AVE <b>Business Phone:</b> 617-628-5511	
<b>License Holder:</b> John's Auto Sales Inc. 181 Somerville Ave Somerville MA 02143	
<b>Mailing Address:</b> John's Auto Sales Inc. 181 Somerville Ave Somerville MA 02143	
<b>Business Type:</b> Corporation John Eleftherakis John Eleftherakis John Eleftherakis	
<b>FID:</b> 042743707	
<b>Emergency Contact:</b> John Eleftherakis <b>Phone:</b> 617-512-5511	
<b>Dealership Class:</b> Class 2 <b># of Vehicles Kept Inside:</b> 0 <b># of Vehicles Kept Outside:</b> 38 <b>Proposed Hours of Operation if operating outside standard hours:</b> Mon-Thu 9AM-8PM Fri-Sat 9AM-6PM Sun 10AM-5PM	

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: [Handwritten Signature] Date: 10/25/15  
Printed Name: John J. Eleftherakis Phone: 617-628-5511

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

## CONTINUATION CERTIFICATE

The **NGM Insurance Company**, hereinafter called the Company, hereby continues in force its **MA Used Car Dealer** Bond Number **S-245752**

in the sum of **Twenty-Five Thousand dollars (\$25,000.00)**

on behalf of

**John's Auto Sales, Inc.**

located at

181 Somerville Avenue  
Somerville, MA 02143

in favor of **City of Somerville, MA**

for the term beginning **December 31st, 2012** and ending on **December 31st, 2015**, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 22, 2012

**NGM Insurance Company**

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

Jeffrey W. Crawford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707

**ADORITY COMPANY, INC.**

10/14/2015

*Surety Bonds Since 1899*

100 ST. 9th FLOOR BOSTON, MA 02108-4602

Renewal

Ask for JEFF or JIM CRAWFORD

TEL: 617-523-2935 FAX: 617-523-1707 www.aadorty.com

TAX ID# 04-2006385

Amount due and payable as of the date of charge unless satisfactory cancellation evidence has been furnished.

DATE OF CHARGE

BOND DESCRIPTION

12/31/2015	John's Auto Sales, Inc. (\$25,000.00) MA Used Car Dealer 12/31/2015 - 12/31/2018 City of Somerville, MA NGM Bond No. S-245752	\$450.00
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John's Auto Sales Inc  
Attention: Nina  
181 Somerville Ave  
Somerville, MA 02143

You must be a current member of MIADA to receive bond discount

**Returned Check  
will incur a \$30 Fee**

*paid  
check  
3488*



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

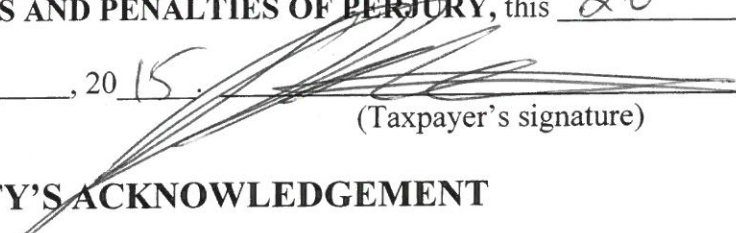
Exact name of taxpayer/applicant's business: John's Auto Sales, Inc.

Address of taxpayer/applicant's business in Somerville: 181 Somerville Ave, Somerville, MA

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_ 02143

Taxpayer/applicant's phone: day: 617-628-5511 evening: 617-512-5511

I, (print name) John J. Eleftherakis, 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 26<sup>th</sup> day of October, 2015.  
  
(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: \_\_\_\_\_

# 13954      # 118014041      # 10309      # ✓

**NOTES:**

CLERK'S INITIALS: GE

ORIGINAL STAMP:  10-30-15

**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: John's Auto Sales Inc  
 Address: 181 Somerville Ave.  
 City: Somerville State: MA Zip: 02143 Phone #: 617-628-5511

I am an employer with 12 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 \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Technology Insurance Co.  
 Address: 800 Superior Ave East 21st Floor  
 City: Cleveland State: OH Zip: 44114 Phone #: \_\_\_\_\_  
 Policy #: TWC3493077 Expiration Date: 8/15/16

**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: 10/25/15  
 Print Name: John J Gleftzerakis

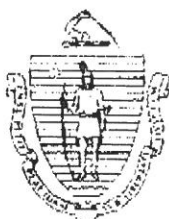
*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 – <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22, 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

Technology Insurance Company

NAME OF INSURANCE COMPANY

800 Superior Avenue East, 21st Floor, Cleveland, OH 44114

ADDRESS OF INSURANCE COMPANY

TWC3493077

8/15/2015 to 8/15/2016

POLICY NUMBER

EFFECTIVE DATES

MCM Insurance Agency, Inc.

P.O. Box 435, Minneapolis, MN 55440-0435

(952) 935-1400

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

John's Auto Sales

296 Highland Avenue, Salem, MA 01970

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

**MEDICAL TREATMENT**

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**