



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

MOTORCYCLES & MORE LLC
109 BAILEY RD
SOMERVILLE, MA 02145

License #: 28
Fee: 550.00
Account ID: 31
Reference #: 28

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: MOTORCYCLES & MORE LLC Business Location: 109 BAILEY RD Business Phone: 617-620-2893	
License Holder: MOTORCYCLES & MORE LLC 109 BAILEY RD SOMERVILLE, MA 02145 617-620-2893	2013 NOV -7 P 6 51 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: MOTORCYCLES & MORE LLC 109 BAILEY RD SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) MANAGER - MICHAEL LEMIEUX	
FID: 208567330	
Food Manager/Emergency Contact: MARY LEMIEUX 508-888-2120	

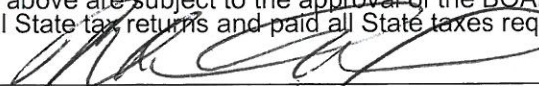
Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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

Description of Location and/or Other Conditions:
No Vehicles Allowed Onsite.

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: 10/29/13
Print Name: Michael Lemieux Phone: 617-620-2893

Lemieux, Michael

From: Mikeinboston1 <mikeinboston1@gmail.com>
Sent: Tuesday, October 29, 2013 1:28 PM
To: Lemieux, Michael
Subject: Fwd: Payment Confirmation

From my Android phone on T-Mobile. The first nationwide 4G network.

----- Original message -----

Subject: Payment Confirmation
From: CNA Surety Electronic Payments <noreply@epymtservice.com>
To: mikeinboston1@gmail.com
CC:

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***

Thank you for your payment.

This email is to confirm your payment submitted on Oct-29-2013 for Bond/Policy # 15232887.

Confirmation Number: CNASUR000054179
Payment Amount: \$250.00
Scheduled Payment Date: Oct-29-2013

Account Nickname: N/A
Routing Transit Number: 011301390
Account Number: *1975
Account Type: Checking
Account Category: Business

If you have questions about this payment or need assistance, Please call Customer Service at (800)331-6053.

Payments made before 5pm (CDT) will be posted to your account the next business day. Payments made after 5pm (CDT) may not be posted to your account for up to two business days.

Thank you for using the CNA Surety electronic payment system.

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: Motorcycles and More LLC
Address: 109 Bailey Rd.
City: Somerville State: Ma Zip: 02145 Phone #: (617)-620-2893

- I am an employer with _____ 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 Class II Auto dealer

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: 10/29/13
Print Name: Michael Lemieux

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Motorcycles and More LLC
Address of taxpayer/applicant's business in Somerville: 109 Bailey Rd. Somerville 02145
Address of taxpayer/applicant's home in Somerville: 109 Bailey Rd. Somerville 02145
Taxpayer/applicant's phone: day: (617) 620-2893 evening: (617) 620-2893

I, (print name) Michael Lemieux, 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 29 day of October, 2013. [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: _____

761 # 1340250d # N/A # _____
16527041

NOTES:

CLERK'S INITIALS: M.M.

ORIGINAL STAMP:

RECEIVED
11-7-13