

# SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date 11-9-10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	CITY CLERK'S OFFICE
Amount Paid	\$500.00 SOMERVILLE, MA

☐ New Application  
☐ Renewing Application with Additions or Changes  
☒ Renewing Application with NO Additions or Changes

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

Business Name: T.C. Auto Exchange Phone: 617-666-2228

Business DBA Name (if applicable):

Address with Zip Code: 176-178 TREMONT ST. Somerville MA 02143

Tax Identification Number: 043 087 857 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): Anthony L. Cardone

Address with Zip Code: 176 TREMONT ST. Somerville MA 02143

Property Owner Name: Anthony L. Cardone Phone: 617-666-2228

Address with Zip Code: 176 TREMONT ST. Somerville MA 02143

Emergency Contact 1: Anthony L. Cardone Phone: 617 335-0086

Emergency Contact 2: Lina Cardone Phone: 781 395-1239

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

IF A SOLE PROPRIETOR:

Owner's Name: Anthony L. Cardone

Address with Zip Code: 176 TREMONT ST. Somerville MA 02143

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:

## 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: Anthony Claudio Date 11-9-10

Business Name: T.C. Auto Exchange

Business Address: 176-178 Tremont St. Somerville MA 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

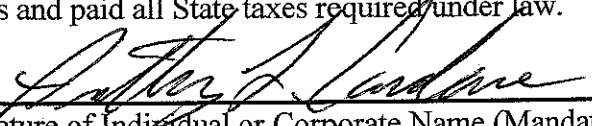
\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

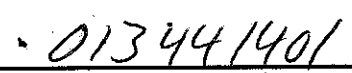
Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

**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.

  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

  
\_\_\_\_\_  
\*\*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.

**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: Anthony L. Cardone  
Address: 176-178 Tremont St.  
City: Somerville State: MA Zip: 02143 Phone #: 617666-2228

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

**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: Anthony L. Cardone Date: 11-9-10  
Print Name: Anthony L. Cardone

**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 \_\_\_\_\_

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 X N \_\_

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

Y X N \_\_

If yes, list year, city and state 2009 Somerville MA

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 \_\_\_\_\_

Describe all of the premises to be used in the business: 5530 Sq. Ft of Land  
Enclosed by 8 Foot High Fence. Concrete Block Building 52' x 24'

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:

\_\_\_\_\_  
\_\_\_\_\_



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: T.C. Auto Exchange

Address of taxpayer/applicant's business in Somerville: 176-178 Tremont St.

Address of taxpayer/applicant's home in Somerville: 176 Tremont St.

Taxpayer/applicant's phone: day: 617-666-2228 evening: 617-335-0086

I, (print name) Anthony L. Cardone, 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 9<sup>th</sup> day of November, 2010. Anthony L. Cardone  
(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: \_\_\_\_\_

01011015 #124060001 #30000424 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: M. M.

ORIGINAL STAMP:

RECEIVED  
11-9-10