



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

2012 DEC 18 A 11:47

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

JAMES A. KILEY CO.
15 LINWOOD ST
SOMERVILLE, MA 02143

License #: 1021
Fee: 550.00
Account ID: 797
Reference #: 1021

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: For JAMES A. KILEY CO. Business Location: 15 LINWOOD ST Business Phone: 617-776-0344	
License Holder: JAMES A. KILEY CO. 15 LINWOOD ST SOMERVILLE, MA 02143 617-776-0344	
Mailing Address: JAMES A. KILEY CO. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN KILEY SECRETARY - JOHN KILEY	
FID: 041505600	
Food Manager/Emergency Contact: JAMES A. KILEY	

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**

6 VEHICLES
6 VEHICLES INSIDE

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: John C. Kiley Date 11/26/12
Print Name: John C. Kiley Phone 617-776-0344

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: James A. Kiley Co.
Somerville Address and Zip Code: 15 Linwood St. Somerville, MA 02143
Phone Number of the Business: 617-776-0344

The Legal Name of the License Holder: James A. Kiley Co.
Street Address of the License Holder: 15 Linwood St.
City, State and Zip Code of the License Holder: Somerville, MA 02143
Phone Number of the License Holder: _____

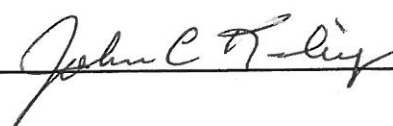
Where We Should Send Mail: Name: James A. Kiley Co.
Street Address: 15 Linwood St.
City, State and Zip Code: Somerville, MA 02143

Federal ID # (Do Not Give a Social Security #): 04-1505600

Emergency Contact and his/her Phone Number: _____

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
 Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
 Corporation: Name of Corporation: James A. Kiley Co.
Name of President: John C. Kiley
Name of Secretary: _____ Name of Treasurer: John C. Kiley
 LLC: Name of LLC: _____
Names of All Managers: _____
 Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 11/26/12



Wausau
2000 Westwood Drive
Wausau, WI 54401
800-826-1661 Fax: 866-547-9183

Report of Renewal

Registered : September 11, 2012
Market Segment: Small Commercial
Producer Code: 968048

Principal:

James A Kiley Company
15 Linwood Street
Somerville, MA 02143-2112

Account:

James A Kiley Company
15 Linwood Street
Somerville, MA 02143-2112

Producer:

USI Insurance Services of New England, Inc.
5 Bedford Farms Drive
Suite 200
Bedford, NH 03110

Invoiced to:

USI Insurance Services of New England, Inc.
P.O. Box 6360
Manchester, NH 03108

LMS Bond Number: 94A027976**Cross Reference:** QL1-J11-020791-333**Obligee:**

City of Somerville
93 Highland Avenue City Hall
Somerville, MA 02143

Additional Obligees:**Bond Period:** 12/10/12 to 12/10/13**Transaction Eff. Date:** 12/10/12**Cancellation Provision:** 30 Days**Premium Period:** 12/10/12 to 12/10/13**Company:** Liberty Mutual Insurance Company**Renewal Type:** Continuous Until Canceled**Bond Amount:** 25,000.00 USD**Class Code:** 929**Co-surety:**

Bond Description:

License and Permit Bond - license for sale of second hand motor vehicles

Transaction Comments:

System auto renewal transaction

Amt in USD**Bond Premium:**

250.00

Producer Commission:

75.00

Net Premium:

175.00



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: James A. Kiley Co.

Address of taxpayer/applicant's business in Somerville: 15 Linwood St.

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

Taxpayer/applicant's phone: day: 617-776-0344 evening: _____

I, (print name) John C. Kiley, 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 day of

November, 2012. John C. Kiley
(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: _____

9011 # 14503200 # 739 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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: James

Name: James A. Kiley Co.

Address: 15 Linwood St.

City: Somerville State: MA Zip: 02143 Phone #: 617-776-0344

- I am an employer with 40 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: New Hampshire Employees Ins. Co.

Address: 54 Third Ave.

City: Burlington State: MA Zip: 01803 Phone #: 781-938-7500

Policy #: ECC4000433012012 Expiration Date: 9/30/13

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: John C. Kiley Date: 11/26/12

Print Name: John C. Kiley

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 _____

(revised Jan. 2008)