



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

2013 JAN -8 A 11:10

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

**PAT'S AUTO BODY INC**  
**PO BOX 167**  
**SOMERVILLE, MA 02143**

988

Fee: 550.00

Account ID: 782

Reference #: 988

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 <b>PAT'S AUTO BODY INC</b> Business Location: <b>182 WASHINGTON ST</b> Business Phone: <b>617-628-7500</b>	
License Holder: <b>PAT'S AUTO BODY INC</b> <b>PO BOX 167</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-7500</b>	
Mailing Address: <b>PAT'S AUTO BODY INC</b> <b>SOMERVILLE, MA 02143</b>	<b>PO BOX 167</b>
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - DAVID TAURO</b> <b>SECRETARY - DAVID TAURO</b>	
FID: <b>042762439</b>	
Food Manager/Emergency Contact: <b>DAVID TAURO</b> <b>617-293-2010</b>	

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

Hours: **MO-SA 9AM-9PM, SU 9AM-5PM**

27 VEHICLES

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:

Date

Print Name:

Phone

*[Signature]*  
**David Tauro**

*11/12/12*  
**617-628-7500**

## 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: Pat's Auto Body Inc  
Somerville Address and Zip Code: 182 Washington Street Somerville 02143  
Phone Number of the Business: 617-628-7500

The Legal Name of the License Holder: Pat's Auto Body Inc  
Street Address of the License Holder: PO Box 167  
City, State and Zip Code of the License Holder: Somerville MA 02143  
Phone Number of the License Holder: 617-628-7500

Where We Should Send Mail: Name: Pat's Auto Body Inc  
Street Address: PO Box 167  
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 04-2762439

Emergency Contact and his/her Phone Number: David Tauro 617 293 2010

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: Pat's Auto Body Inc

Name of President: David Tauro

Name of Secretary: David Tauro Name of Treasurer: David Tauro

☐ 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 11/12/12

# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 69701224

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: April 21, 2004

That we, Pat's Auto Body, Inc.,

as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at 73 Highland Ave., Somerville, MA 02143  
by First Class U.S. Mail. Address

Dated this 22nd day of April, 2004.



Pat's Auto Body, Inc., Principal

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

WESTERN SURETY COMPANY, Surety

By: Paul T. Bruflat  
Paul T. Bruflat, Senior Vice President





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Pat's Auto Body Inc

Address of taxpayer/applicant's business in Somerville: 182 Washington St

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

Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2010

I, (print name) David Turo, 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 12<sup>th</sup> day of November, 20 12. X [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

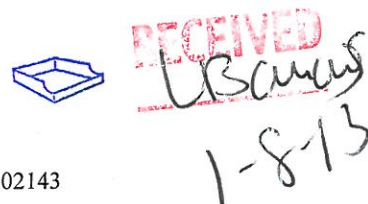
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 20013 # 119016001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES: 15571

CLERK'S INITIALS: UR

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:**

Name: Pat's Auto Body Inc  
Address: 182 Washington Street  
City: Somerville State: MA Zip: 02143 Phone #: 617 628 7500  
☒ I am an employer with 6 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 repair

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

Insurance Company Name: Technology Insurance Company  
Address: 5800 Lombardo Center  
City: Cleveland State: OH Zip: 44131-2550 Phone #: 877-528-7878  
Policy #: TWC 3292644 Expiration Date: 9/9/13

**Applicant certification:**

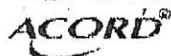
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy 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: [Signature] Date: 11/12/12  
Print Name: David Tauro

*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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Risk Strategies Company 15 Pacella Park Drive Suite 240 Randolph MA 02368		<b>CONTACT NAME:</b> Shannon Sperrazza <b>PHONE (A/C No. Ext.):</b> (781) 986-4400 <b>FAX (A/C No.):</b> (781) 986-4470 <b>E-MAIL ADDRESS:</b> ssperrazza@risk-strategies.com	
<b>INSURED</b> Pat's Auto Body Inc. C/O David Tauro 69 East Street Melrose MA 02176		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Technology Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: CL12111254639

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENT PL. PREMISES (CRS USUALLY \$)
	CLAIMS-MADE						MTL EXP (Any one person) \$
	PERSONAL & ADV INJURY						\$
	GENERAL AGGREGATE						\$
	PRODUCTS, COMPLET AGG						\$
	ADVL AGGREGATE LIMIT APPLIES PER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRE/AUTO						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	RETENTIONS						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Officer is included			X WORKERS COMPENSATION
	ANY PROPRIETARY PARTNERS/EXECUTIVES OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		an coverage			OTH-ER
	If yes describe under DESCRIPTION OF OPERATIONS below	N/A		TWC3292644	9/9/2012	9/9/2013	EL EACH ACCIDENT \$ 500,000
							EL DISEASE - EMPLOYEE \$ 500,000
							EL DISEASE - PROPERTY \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule if more space is required)  
 Issued as evidence of insurance

The City of Somerville is listed as additional insured per written contract.

## CERTIFICATE HOLDER:

## CANCELLATION

City of Somerville  
 Purchasing Department  
 93 Highland Ave  
 Somerville, MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael Christian/SMS