



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

Application to Renew Used Car Dealer License

CM AUTO SALES INC
30 JOY ST
SOMERVILLE MA 02143

License #: BL15-000027
File #: 15-30
Fee: 550

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: CM AUTO SALES INC Business Location: 30 JOY ST Business Phone: 617-334-3082	
License Holder: CM AUTO SALES INC 30 JOY ST SOMERVILLE MA 02143	
Mailing Address: CM AUTO SALES INC 30 JOY ST SOMERVILLE MA 02143	
Business Type: Corporation GERALDO DELIMA GERALDO DELIMA GERALDO DELIMA	
FID: 205599929	
Emergency Contact: GERALDO DELIMA Phone:	
Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 40 Proposed Hours of Operation if operating outside standard hours: mo-fr 8 am-6 pm, sa 8 am- 2 pm	

2015 NOV 17 PM 1:59
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: 11/17/15

Printed Name: GERALDO De Lima

Phone: 617-334-3082



Geraldo
617-334-3082

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

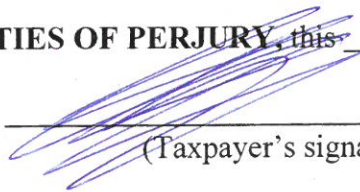
Exact name of taxpayer/applicant's business: CM AUTO SALES INC

Address of taxpayer/applicant's business in Somerville: 30 Joy St - Somerville

Address of taxpayer/applicant's home in Somerville: 7 JASPER ST #1 - Somerville

Taxpayer/applicant's phone: day: 617-334-3082 evening: _____

I, (print name) GERALDO De Lima, 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 9th day of November, 2015.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT


DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

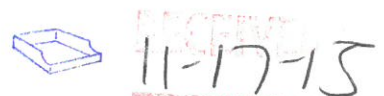
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

8493 # 145021011 # _____ # ✓

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:



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: CM AUTO SALES INC
Address: 30 JOY ST
City: Somerville State: MA Zip: 02143 Phone #: 617-334-3082

- | | |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> 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: _____ Date: 11/17/15

Print Name: GERALDO DE Lima

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____