



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

2012 DEC 12 A 10:47

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

License #: 28

MOTORCYCLES & MORE LLC
109 BAILEY RD
SOMERVILLE, MA 02145

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: For 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	
Mailing Address: MOTORCYCLES & MORE LLC 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

11/26/12

Print Name: _____

Phone

617-620-2893

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: Motorcycles and More LLC
Somerville Address and Zip Code: ~~109~~ 109 Bailey Rd Somerville MA 02145
Phone Number of the Business: 617-620-2893

The Legal Name of the License Holder: Motorcycles and More LLC
Street Address of the License Holder: 109 Bailey Rd. Somerville, MA 02145
City, State and Zip Code of the License Holder: Somerville, MA 02145
Phone Number of the License Holder: 617-620-2893

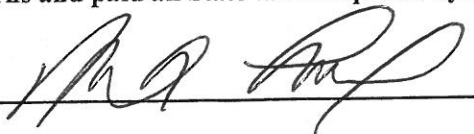
Where We Should Send Mail: Name: Motorcycles and More LLC
Street Address: 109 Bailey Rd.
City, State and Zip Code: Somerville, MA 02145

Federal ID # (Do Not Give a Social Security #): 208567330

Emergency Contact and his/her Phone Number: Mary hemieux 508-888-2120

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: _____
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
 LLC: Name of LLC: Motorcycles and More LLC
Names of All Managers: Michael hemieux
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

1045

53190113

MOTORCYCLES AND MORE LLC

109 BAILEY ROAD
SOMERVILLE, MA 02145

DATE 10/20/12

PAY TO THE
ORDER OF

CMA Surety

two hundred fifty + 100/100

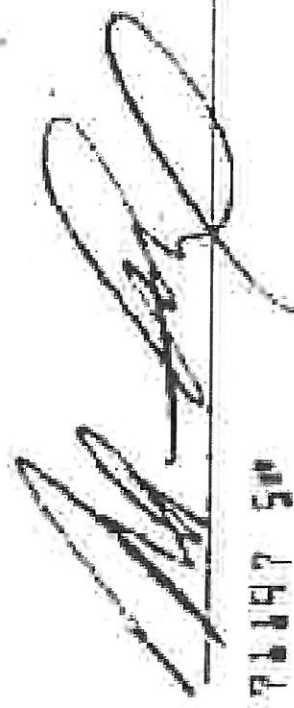
\$ 250.00

DOLLARS 333

Century BankSM

Eastern Massachusetts 02110

FOR Surety bond 2013



⑆001045⑆ ⑆011501390⑆ ⑆05 71197 5⑆



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, MA 02145
Address of taxpayer/applicant's home in Somerville: 109 Bailey Rd. Somerville, MA 02145
Taxpayer/applicant's phone: day: 617-620-2853 evening: 617-620-2853

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 _____ day of _____, 20____. _____
(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: _____

14527041 # 13402500 # 762 # _____

NOTES:

CLERK'S INITIALS: _____ A

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: 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 _____

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: 12/12/12
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 _____