

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Nonrefundable Application Fee \$605.00

Date 8/20/2016

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application

Check one: Class 1 Class 2 Class 3

Renewing Application with Additions or Changes

Vehicles stored: 4 inside

Renewing Application with NO Additions or Changes

5 outside

Business (DBA) Name: 28 Motorsports INC Phone: 617 767 2912

Business Location in Somerville (with Zip Code): 486 R - COLUMBIA ST

Applicant's Federal Employer Identification Number: 81-3292906

Applicant's Legal Name: GILBERTO TERCETTI - JUNIOR

Mailing Name (who we should send correspondence to): GILBERTO TERCETTI - JUNIOR

Mailing Address (with Zip Code): 486 COLUMBIA ST - SOMERVILLE, MA

Emergency Contact: Gilberto Tercetti - Junior Phone: 617 767 2912 02143

Type of Business (Check Only One and Provide 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: 28 Motorsports INC

Name of President: ROLIANA MARCIA TERCETTI

Name of Secretary: Gilberto Tercetti - Junior Name of Treasurer: Gilberto Tercetti - Junior

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Y N

Is your principal business the sale of new motor vehicles? Y N

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

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: JUNIOR AUTO BODY

Is your principal business that of a motor vehicle junk dealer? Y N

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

If yes, list year, city and state _____

Have you ever been denied a license to deal in second hand motor vehicles or parts? Y N

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

If yes, list year, city and state _____

I request permission to store 4 vehicles inside the building, and 5 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

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:

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. 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 Applicant: [Signature] Date 8-10-16

Business Name: 28 Motorsports INC

Business Address: 486 R - Columbia 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: 4 inside
5 outside

Signature: [Signature]

Date: 8-23-16

Print Name: Floyd Richardson

Title: LBI

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

Approved

_____ Denied

Signature: [Signature]
9-7-2016

Name and Title: SGT JOHN TAM
Chief's Administrative Aide



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 28 Motorsports LLC

Address of taxpayer/applicant's business in Somerville: 406R Columbia St

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

Taxpayer/applicant's phone: day: 617 767 2912 evening: _____

I, (print name) Gilberto Terretti - Junior, 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 23 day of August, 2016. [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: _____
3839 # 146007021 # _____ # _____

NOTES:

CLERK'S INITIALS: LRB

ORIGINAL STAMP: 9-9-16

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: 28 Motorsports INC
Address: 486 Columbia St
City: Somerville State: MA Zip: 02143 Phone #: 617 767 2912

- I am an employer with _____ 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
 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: 8/23/16
Print Name: Gilberto Tercetti - Junon

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 _____