



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**TOP CARS OF BOSTON LLC
INMAN MOTOR SALES OF SOMERVILLE
39 WEBSTER AVE
SOMERVILLE, MA 02143**

License #: **1073**

Fee: **.00**

Account ID: **844**

Reference #: **1073**

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: INMAN MOTORS SALES OF SOMERVILLE Business Location: 463 MCGRATH HWY Business Phone: 617-666-2727	
License Holder: TOP CARS OF BOSTON LLC INMAN MOTOR SALES OF SOMERVILLE 39 WEBSTER AVE SOMERVILLE, MA 02143 617-666-2727	
Mailing Address: TOP CARS OF BOSTON LLC INMAN MOTOR SALES OF SOMERVILLE 39 WEBSTER AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) MANAGER - SALOMAO JUNIOR	
FID: 830502675	
Food Manager/Emergency Contact: SALOMAO JUNIOR 617-301-3918	

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

Hours: **MO-FR 9AM-7PM, SA 9AM-5PM**

25 VEHICLES OUTSIDE

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 11/11/14

Print Name: _____ Phone _____

Agent: You may remove stub below to use as a billing/credit invoice

CNA Surety

INVOICE

FILE NO.	EFFECTIVE DATE	ANNIVERSARY DATE	PROCESS DATE	PENALTY
0601 69650499	01-23-12	01-23-15	03-08-12	\$25,000.00
PRINCIPAL	TOP CARS OF BOSTON, LLC DBA INMAN MOTOR 39 WEBSTER AVE. SOMERVILLE, MA 02143			
RISK STATE	MA	SF		
DESCRIPTION	SECOND HAND MOTOR VEHICLE DEALER			
OBLIGEE	CITY OF SOMERVILLE			
AGENCY CODE	CHARGE	\$625.00		
20-18351				

Your agent is:

AMAZONIA INSURANCE
AGENCY INC
66 BOH ST
SOMERVILLE MA 02143



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Top Cars of Boston LLC D/B/A Linman Motors of Somerville

Address of taxpayer/applicant's business in Somerville: 463 McGrath Hwy

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

Taxpayer/applicant's phone: day: (617) 464-3802 evening: (617) 464-3803

I, (print name) Salomao Silveira Jr., 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 11 day of November, 2014. [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: _____

98880 # 146043001 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



UBanay
11-21-14

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: Top Cars of Boston LLC D/B/A Luman Motors of Somerville
Address: 463 McGrath Hwy
City: Somerville State: MA Zip: 02143 Phone #: (617) 764-3802 / (617) 764-3803
☒ I am an employer with 2 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Indemnity Co
Address: PO Box 3556
City: Orlando State: Florida Zip: 32802 Phone #: 1800-443-4404
Policy #: 2E45672014 Expiration Date: 09/17/15

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: 11/11/14
Print Name: Salomoo S Junior

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