

290 CARS IN
55 CARS OUT
2010 DEC 7 11 AM

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION: 10

Application Fee \$500.00

Date 11/8/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____ CITY CLERK'S OFFICE
Amount Paid \$500.00 - SOMERVILLE, MA

New Application
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Check one: Class 1 Class 2 Class 3

Business Name: Herb Chambers I-93 Inc Phone: (617) 666-4100

Business DBA Name (if applicable): Chambers Motorcars of Boston

Address with Zip Code: 259 n/c Brath Highway 02143

Tax Identification Number: 06-1335996 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: Same

Property Owner Name: Herbert & Chambers Phone: (617) 666-4100

Address with Zip Code: 259 n/c Brath Highway Somerville 02143

Emergency Contact 1: Jeff Davis Phone: (617) 549-3813

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Herbert & Chambers

Address with Zip Code: 259 n/c Brath Hwy 02143

Partner's/Member's/Secretary's Name: Bruce H. Slutz

Address with Zip Code: 47 EASTERN BLVD. Glastimbury, CT 06033

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

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): NBUA

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: _____

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 _____

Describe all of the premises to be used in the business: all areas of

Building

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:

Mon - Thur 7AM to 9PM, Fri 7AM to 7PM

Sat 8AM to 5PM Sun 11AM to 5PM

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.

Signature of Applicant: [Signature] Date 11.9.10

Business Name: Herb Chambers Inc / Chambers Motor and Boston

Business Address: 257 n/c O'Leary Highway Somerville MA 02147

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: _____ inside
_____ outside

Signature: _____

Date: _____

Print Name: _____

Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature: _____ Name and Title: _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

Herb Charles I 92 Inc / Charles V. Starnes of Boston

*Signature of Individual or Corporate Name (Mandatory)

Bill JICE-VICE-PRESIDENT / SECRETARY

By: Corporate Officer (Mandatory, if a corporation)

06 133 5996

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



**City of Somerville, Massachusetts
Finance Department, Treasury Division**

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Herb Chambers I-93 Inc

Address of taxpayer/applicant's business in Somerville: 259 Corporate Highway

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

Taxpayer/applicant's phone: day: 617-766-4100 evening: _____

I, (print name) Herbert E Chambers, 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 5th day of Nov, 2010 _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>11358084</u>	# <u>14505/1001</u> <u>145052001</u>	# <u>30052221</u> <u>30050260</u> <u>30056810</u>	# _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
 [Signature]
 12-9-10

**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: Herb Chambers I-93 Inc
 Address: 259 n/c Braith Highway
 City: Somerville State: MA Zip: 02143 Phone #: 617-666-4150

- I am an employer with 10 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: Liberty Mutual Ins.
 Address: 175 Berkeley St
 City: Boston State: MA Zip: 02116 Phone #: 781-939-2054
 Policy #: WA 7Z1D-257840-029 Expiration Date: 9/30/11

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: 11.9.10
 Print Name: Herbert G Chambers

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 _____