

46 AUTOS

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00 2010 NOV 22 P 1: 10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	11/22/10 - MS
Amount Paid	\$500.00 ck# 1837

Date 11-09-10 CITY CLERK'S OFFICE SOMERVILLE, MA

New Application Check one: Class 1 X Class 2 Class 3
Renewing Application with Additions or Changes
X Renewing Application with NO Additions or Changes

Business Name: MASTER USED CARS, LLC Phone: 617-623-9533

Business DBA Name (if applicable):

Address with Zip Code: 121 PROSPECT ST, SOMERVILLE, MA 02144

Tax Identification Number: 26-1772165 Check one: SSN X FEIN

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

Address with Zip Code:

Property Owner Name: STAVE WYNER Phone: 617-232-4258

Address with Zip Code: CAMBRIDGE, MA

Emergency Contact 1: PETERSON FREDERICO Phone: 617-999-7772

Emergency Contact 2: FABRIZIO FABRIS Phone: 857-991-2315

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
X 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: PETERSON FREDERICO

Address with Zip Code: 19 OVERLOOK RIDGE #514 REVERE, MA 02151

Partner's/Member's/Secretary's Name: DEBORAH PONTES APPEL

Address with Zip Code: 22 BEDFORD #2 NARBURN, MA 01801

Partner's/Member's/Treasurer's Name: PETERSON FREDERICO

Address with Zip Code: 19 OVERLOOK RIDGE #514 REVERE, MA 02151

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): N/A

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 SOMERVILLE, MA

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:

OFFICE SPACE, GARAGES AND PARKING LOT

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:

WE ARE APPROVED FOR MOND-FRID 9AM-7PM
SATURDAY 9AM-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: _____ Date 10-09-10

Business Name: MASTER USED CARS, LLC

Business Address: 121 PROSPECT 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: _____ 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.

MASTER USED CARS LLC
*Signature of Individual or Corporate Name (Mandatory)

PETERSON FREDERICO
By: Corporate Officer (Mandatory, if a corporation)

26-1772165
**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

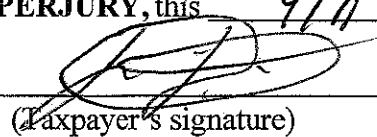
Exact name of taxpayer/applicant's business: MASTER USED CARS, LLC

Address of taxpayer/applicant's business in Somerville: 121 PROSPECT ST. SOMERVILLE 0214

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

Taxpayer/applicant's phone: day: 617-623-9533 evening: 617-799-7772

I, (print name) PETERSON FREDERICO, 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, 2010.

(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: _____
23719087 # 125086001 # 32011056 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
11/17/10

**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: MASTER USED CARS, LLC
 Address: 121 PROSPECT ST.
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-623-9533

- 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: ZURICH INSURANCE
 Address: PO BOX 3556
 City: ORLANDO State: FL Zip: 32802 Phone #: 18008420108
 Policy #: 6ZZUB4266P10410 Expiration Date: 6/11/11

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: 11-09-10
 Print Name: PETERSON FREDERICO

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 _____