



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

2013 NOV 20 P 2:17

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW USED CAR DEALER CLASS 1 LICENSE**

**HERB CHAMBERS I-93 INC  
MERCEDES BENZ OF BOSTON  
259 MCGRATH HWY  
SOMERVILLE, MA 02143**

License #: 1  
Fee: 550.00  
Account ID: 3  
Reference #: 1

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: <b>MERCEDES BENZ OF BOSTON</b> Business Location: <b>259 MCGRATH HWY</b> Business Phone: <b>617-666-4100</b>	
License Holder: <b>HERB CHAMBERS I-93 INC MERCEDES BENZ OF BOSTON 259 MCGRATH HWY SOMERVILLE, MA 02143 617-666-4100</b>	
Mailing Address: <b>HERB CHAMBERS I-93 INC MERCEDES BENZ OF BOSTON 259 MCGRATH HWY SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) SECRETARY - BRUCE SPATZ PRESIDENT - HERBERT CHAMBERS TREASURER - HERBERT CHAMBERS</b>	
FID: <b>061335996</b>	
Food Manager/Emergency Contact: <b>JEFF DAVIS 617-666-4100</b>	

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

Hours: **M-R 7-9 F 7-7 Sa 8-5 Su 11- 5**

345 VEHICLES  
290 VEHICLES INSIDE  
55 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: *Herbert Chambers* Date 11/13/13  
Print Name: Herbert G Chambers Phone 617 666 4100



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**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 McDermott Highway  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617-266-4180 evening: \_\_\_\_\_

I, (print name) Herbert F. 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 13 day of November, 20 13. [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: \_\_\_\_\_  
# 9775      # 145051001      # 794/793      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

**RECEIVED**  
11/20/13

**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: Herb Chambers I-93 Inc  
 Address: 259 McCraith Highway  
 City: Somerville State: MA Zip: 02143 Phone #: 617 100 4150

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I am an employer with <u>100</u> employees (full and/or part time).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b><br><input type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input checked="" type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><input type="checkbox"/> Other _____ |
|---|---|

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Travelers Ins  
 Address: PO Box 1400  
 City: Middleboro State: MA Zip: 02744 Phone #: 800-832-7839  
 Policy #: TCZKUR101D254913 Expiration Date: 9/30/14

**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: 11/13/15  
 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 #: _____	<input type="checkbox"/> Board of Health <input type="checkbox"/> Building Department <input type="checkbox"/> City/Town Clerk <input type="checkbox"/> Licensing Board <input type="checkbox"/> Selectmen's Office <input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	