



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

MOTOBIDIA LLC
561 WINDSOR ST #A205
SOMERVILLE, MA 02143

License #: 24
Fee: 550.00
Account ID: 27
Reference #: 24

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: For MOTOBIDIA LLC Business Location: 561 WINDSOR ST Business Phone: 617-718-0686	
License Holder: MOTOBIDIA LLC 561 WINDSOR ST #A205 SOMERVILLE, MA 02143 617-718-0686	
Mailing Address: MOTOBIDIA LLC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) MANAGER - TODOR TOTEV MANAGER - VLAD HRISTOV	
FID: 203506640	
Food Manager/Emergency Contact: TODOR TOTEV 617-953-5336	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

Description of Location and/or Other Conditions:
No Vehicles Allowed Onsite.

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: 11/15/2012
Print Name: TODOR TOTEV Phone: 617-718-0686

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: _____
Somerville Address and Zip Code: _____
Phone Number of the Business: _____

The Legal Name of the License Holder: MOTOBIDIA, LLC
Street Address of the License Holder: 561 WINDSOR ST. #A205, SOMERVILLE, MA 02143
City, State and Zip Code of the License Holder: SOMERVILLE, MA 02143
Phone Number of the License Holder: 617-718-0686

Where We Should Send Mail: Name: MOTOBIDIA, LLC
Street Address: 561 WINDSOR ST. #A205
City, State and Zip Code: SOMERVILLE, MA 02143

Federal ID # (Do Not Give a Social Security #): 203506640

Emergency Contact and hisher Phone Number: TODOR TOTEV, 617-953-5336

Type of Business (Check Only One and Print 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: _____
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
 LLC: Name of LLC: MOTOBIDIA, LLC
Names of All Managers: TODOR TOTEV
VLAD KRISTOV
 Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [Signature] Date 11/15/2012

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number 253413

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Motobidia, LLC

located at

561 Windsor Street, Suite A205
Somerville, MA 02143

in favor of **City of Somerville, MA**

for the term beginning December 31st, 2012 and ending on December 31st, 2013, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, November 2, 2012

NGM Insurance Company

By: 

Katie E. Ford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: MOTORIDIA, LLC

Address of taxpayer/applicant's business in Somerville: 561 WINASOR ST., STE. A205

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

Taxpayer/applicant's phone: day: 617-718-0686 evening: —

I, (print name) TOAOR TOTEV, 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 15TH day of NOVEMBER, 20 12. [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: _____

16481 # 146006001 # 1349 # _____
146006011 146007001

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
[Signature]
12-12-12

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: MOTOBIDIA, LLC
Address: 561 WINASOR ST., STE A205
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-718-0686

- | | | |
|--|--|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment | <input checked="" type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> 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: Todor Totev Date: 11/16/2012
Print Name: TODOR TOTEV

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 #: _____

<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 _____