



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

2013 JAN -2 A 9:31

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

A PLUS AUTO BODY, INC.
297 MEDFORD ST
SOMERVILLE, MA 02143

License #: 991

Fee: 550.00

Account ID: 617

Reference #: 991

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 A PLUS AUTO BODY, INC. Business Location: 297 MEDFORD ST Business Phone: 617-776-4500	
License Holder: A PLUS AUTO BODY, INC. 297 MEDFORD ST SOMERVILLE, MA 02143 617-776-4500	
Mailing Address: A PLUS AUTO BODY, INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) TREASURER - AUGUSTINO FEOLA PRESIDENT - JOHN FRAGIONE	
FID: 043160822	
Food Manager/Emergency Contact: JOHN FRAGIONE	

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:

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: _____

Print Name: _____

Phone: _____

John Fragione
John Fragione

12/19/2012
617-776-4500

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: A PLUS Auto BODY INC.
Somerville Address and Zip Code: 297 Medford St 02143
Phone Number of the Business: 617-776-4500

The Legal Name of the License Holder: John Fragione
Street Address of the License Holder: 19 Arrowwood St.
City, State and Zip Code of the License Holder: Methuen, MA 01844
Phone Number of the License Holder: 617-784-4085

Where We Should Send Mail: Name: A PLUS Auto BODY INC.
Street Address: 297 Medford St.
City, State and Zip Code: SOMERVILLE, MA 02143

Federal ID # (Do Not Give a Social Security #): 04-3160822

Emergency Contact and his/her Phone Number: John Fragione 617-784-4085

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: A PLUS AUTO BODY INC.

Name of President: JOHN FRAGIONE

Name of Secretary: _____ Name of Treasurer: AUGUSTINO FELIA

LLC: Name of LLC: _____

Names of All Managers: _____

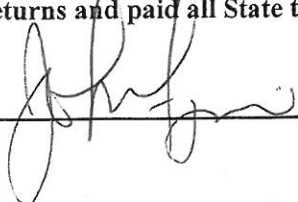
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

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: 

Date 12/19/2012

Massachusetts



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 61075600

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: June 28th, 2011

That we, Aplus Auto Body, Inc, as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at:

City of Somerville, 93 Highland Avenue, Somerville, MA 02143

by First Class U.S. Mail

Address

Dated this 30th day of June, 2011.

Aplus Auto Body, Inc, Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Brufat
Paul T. Brufat, Senior Vice President



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: A PLUS Auto Body Inc.

Address of taxpayer/applicant's business in Somerville: 297 Medford St 02143

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

Taxpayer/applicant's phone: day: 617-776-4500 evening: 617-784-4085

I, (print name) John Fragnione, 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 19 day of December, 20 18. John Fragnione
(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: _____

08302155 # 11801400 # 829
9295 11801800

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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: A PLUS Auto Body Inc.
Address: 297 Medford St
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-4500

- ☒ I am an employer with 2 employees
(full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☒ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Indemnity Co
Address: 900 Waterliet-Shaker Rd Ste 200
City: Albany State: NY Zip: 12205 Phone #: 617-354-4640
Policy #: 8B325781 UB Expiration Date: 4/29/2013

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: 12/19/2012

Print Name: John A Fragione

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 _____

CHANGE DOCUMENT WC 99 99 98 (00)

POLICY NUMBER: (IEUB-8B32578-1-12)

CHANGE EFFECTIVE DATE: 04-29-12

NCCI CO CODE: 12637

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

INSURED'S NAME: A PLUS AUTO BODY, INC.

This change is issued by that member of The Travelers Insurance Companies which issued the policy and forms a part of the policy. It is agreed that the policy is amended as follows:

An absence of an entry in the premium spaces below means that the premium adjustment, if any, will be made at time of audit.

ADDITIONAL PREMIUM \$ 243
ADDITIONAL NON-PREMIUM \$ 15

RETURN PREMIUM \$ NIL
RETURN NON-PREMIUM \$ NIL

Item 3.C. (OTHER STATES INSURANCE:) of the Information Page has been amended to include the following states:

AL AZ AR CA CO CT DE DC FL GA ID IL IN IA KS
KY LA ME MD MI MN MS MO MT NE NV NH NJ NM NY
NC OK OR PA RI SC SD TN TX UT VT VA WV WI HI

A Rate Bureau ID is added for the following:

STATE	RATE BUREAU ID
MA	000240015

Experience Modification is added for the following:

STATE	EXPMOD
MA	1.130

Merit Rating Modification is deleted for the following:

State	Factor	Merit Rating Statistical Code
MA	1.000	9884

Premium Adjustment Modification(ARAP/PPAP) is added to the following:

STATE	ARAP/PPAP MOD
MA	.0% ALL RISK ADJUSTMENT PROGRAM

DATE OF ISSUE: 05-16-12 GP CHANGE NO: 001 PAGE 001 OF MORE
POL. EFF. DATE: 04-29-12 POL. EXP. DATE: 04-29-13
OFFICE: HUDSON/BOSTON 126
PRODUCER: T EDMUND GARRITY & CO WA568