



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

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**SOUHAIL BERBARA  
SIMON'S AUTO SERVICE  
565 PLEASANT ST  
NORWOOD, MA 02062**

License #: **1121**

Fee: **.00**

Account ID: **477**

Reference #: **1121**

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>SIMON'S AUTO SERVICE</b> Business Location: <b>166 BOSTON AVE</b> Business Phone: <b>617-628-8383</b>	
License Holder: <b>SOUHAIL BERBARA SIMON'S AUTO SERVICE 565 PLEASANT ST NORWOOD, MA 02062 617-628-8383</b>	
Mailing Address: <b>SOUHAIL BERBARA SIMON'S AUTO SERVICE 565 PLEASANT ST NORWOOD, MA 02062</b>	
Business Type: <b>SOLE PROPRIETORSHIP OWNER - SOUHAIL BERBARA</b>	
FID: <b>445105632</b>	
Food Manager/Emergency Contact: <b>SOUHAIL BERBARA 781-888-4203</b>	

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**

**3 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:  Date 11-14-2014

Print Name: SOUHAIL BERBARA Phone 781-888-4203

2014 NOV 17 A 9:48  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

**MASSACHUSETTS USED CAR DEALER'S BOND**

KNOW ALL MEN BY THESE PRESENTS, that we,

Simons Auto Serviceof 166 Boston Ave  
as Principal, andSomerville MA 02144NGM Insurance Company4601 Touchton Rd East Ste 3400Jacksonville, FL 32245-6000

authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto

City of Somerville

City Hall

93 Highland Ave

Somerville, MA 02143

as Oblige, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of

Twenty Five Thousand and 00/100(\$ 25,000.00 ), for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees, jointly and severally, firmly be these presents.

Whereas the said Principal is a Dealer having an established place of business at

166 Boston AveSomervilleMA 02144

in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

Now, therefore, the condition of this obligation is such that if the said Principal shall faithfully observe the provisions of Chapter 140, Section 58, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

- Section 1. Recovery Against this bond may be made by any natural person who obtains a final judgment in court against the dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one year after the event giving rise to the cause of action.
- Section 2. Notice of any suit under this bond must be made in writing to the Oblige (written acknowledgement of receipt of said notice by the Oblige to be prima facie evidence of compliance with this requirement of notice).
- Section 3. The Surety may cancel said bond by giving thirty (30) days notice in writing by U.S. First Class mail to the Oblige and this bond shall be deemed cancelled.

Effective this 15th day of October, 2014.

Witness

Simons Auto Service

(Seal)

By Principal Souhail-Barbara  
Owner

Witness

NGM Insurance Company

(Seal)

By 

Surety

Diane E. Keenan Attorney-in-Fact



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SIMON'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 166 BOSTON AVE

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-6228383 evening: \_\_\_\_\_

I, (print name) SOUHAIR BERBARA, 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 17 day of NOVEMBER, 2014. \_\_\_\_\_  
(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: \_\_\_\_\_

# 6661707 # NA # 55 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UPB

ORIGINAL STAMP:

RECEIVED  
UBARAS  
11-17-14

**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:** SIMON'S AUTO SERVICE

**Name:** SOUHAIL BERBART

**Address:** 166 BOSTON AVE

**City:** SNORVILLE **State:** MA **Zip:** 02144 **Phone #:** 617-628 8383

- ☒ I am an employer with 0 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:** A.I.M. MUTUAL INSURANCE COMPANY

**Address:** BURLINGTON

**City:** 54 THIRD AVE **State:** MA **Zip:** 01803 **Phone #:** 800-876 2765

**Policy #:** AWC-400-7016 220-2014A **Expiration Date:** 01-06-15

**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:** 11-14-2014

**Print Name:** SOUHAIL BERBART

*Official use only. Do not write in this area. To be completed by city or town official.*

**City or Town:** \_\_\_\_\_ **Permit/License #:** \_\_\_\_\_

- ☐ Board of Health  
☐ Building Department  
☐ City/Town Clerk  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Other \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE**

**A.I.M. Mutual Insurance Company**  
**54 Third Avenue, Burlington, Massachusetts 01803-0970**  
**(800) 876-2765**

NCCI NO 26158

POLICY NO.	AWC-400-7016220-2014A
PRIOR NO.	AWC7016220012013

**ITEM**

1. The Insured: Souhail Barbara  
 DBA: Simon's Auto Service  
 Mailing address: 166 Boston Avenue  
 Somerville, MA 02144

FEIN. \*\*-\*\*\*5632

Legal Entity Type: Sole Proprietor

Other workplaces not shown above:

2. The policy period is from 01/06/2014 to 01/06/2015 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA
- B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

The limits of liability under Part Two are:

Bodily Injury by Accident	\$	<u>100,000</u>	each accident
Bodily Injury by Disease	\$	<u>500,000</u>	policy limit
Bodily Injury by Disease	\$	<u>100,000</u>	each employee

C. Other States Insurance: Coverage Replaced by Endorsement WC 20 03 06 A

D. This Policy includes these Endorsements and Schedules: SEE SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications		Premium Basis	Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Premium
INTRA	322351			
INTER	SEE CLASS CODE SCHEDULE			

Minimum Premium \$265

GOV STATE MA	GOV CLASS 8380
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Total Estimated Annual Premium	\$265
Deposit Premium	\$265

MA Assessment Chg.  
\$.00 x 3.4000% \$

This policy, including all endorsements, is hereby countersigned by

  
 Authorized Signature

11/25/2013  
 Date

Service Office:  
 54 Third Avenue  
 Burlington MA 01803

Nicholas A Consoles Insurance Agency Inc  
 153 Andover Street Suite 208  
 Danvers, MA 01923

WC 00 00 01 A (7-11)

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