

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): _____

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 (UPON GETTING APPROVAL)

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: E.M. AUTOMOTIVE
5 CRESCENT ST, CHARLESTOWN 02129 (617) 623-6414

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 _____

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 _____

I request permission to store 0 vehicles inside the building, and 25 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

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:

I WILL LIKE TO REQUEST A OPERATION TIME MONDAY - FRIDAY
9 AM TO 7 PM, SATURDAY 10:00 AM TO 3:00 PM

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. 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.

Signature of Applicant: [Signature] Date 08/04/15

Business Name: REAL AUTO SHOP INC

Business Address: 463 MCGRATH HWY

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BB Zone.

The use is permitted as of right CO-02-11

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: [Signature]

Date: 08-06-2015

Print Name: JORD B. SILVA RIZZO

Title: PRESIDENT

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

Approved

Denied

Signature: [Signature]

Name and Title: STEPHEN CARRABINO
DEPUTY CHIEF



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: REAL AUTO SHOP

Address of taxpayer/applicant's business in Somerville: 463 MCGRATH HWY

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) JOAO BATISTA SILVA PIATO, 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 _____ day of

_____, 20____. [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: _____

9987 # ~~18089001~~ # _____ # _____

NOTES: 146043001

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBaraw
8-12-15

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: REAL AUTO SHOP, INC
 Address: 463 MCCGRATH HWY
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-935-9900

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).
<input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<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"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type:
<input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<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: Joao Batista Silva Pinto Date: 08-12-2015
 Print Name: JOAO BATISTA SILVA PINTO

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 #: _____



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 000945638

[Request certificate](#)

[New search](#)

Summary for: REAL AUTO SHOP, INC.

The exact name of the Domestic Profit Corporation: REAL AUTO SHOP, INC.

Entity type: Domestic Profit Corporation

Identification Number: 000945638

Date of Organization in Massachusetts:
02-28-2007

Last date certain:

Current Fiscal Month/Day: 12/31

Previous Fiscal Month/Day: 12/31

The location of the Principal Office:

Address: 463 MCGRATH HWY

City or town, State, Zip code, SOMERVILLE, MA 02143 USA
Country:

The name and address of the Registered Agent:

Name: JOAO B. PINTO

Address: 463 MCGRATH HWY

City or town, State, Zip code, SOMERVILLE, MA 02143 USA
Country:

The Officers and Directors of the Corporation:

Title	Individual Name	Address
PRESIDENT	JOAO B PINTO	59 GREENWOOD STREET APT 02 MELROSE, MA 02176 USA
TREASURER	JOAO B PINTO	59 GREENWOOD STREET APT 02 MELROSE, MA 02176 USA
SECRETARY	JOAO B PINTO	59 GREENWOOD STREET APT 02 MELROSE, MA 02176 USA
DIRECTOR	JOAO B PINTO	59 GREENWOOD STREET APT 02 MELROSE, MA 02176 USA

Business entity stock is publicly traded:

The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue: