

4 CARS IN
18 CARS OUT

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00 _____

Date Nov. 15, 2010

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 12-6-10
Amount Paid \$500 - CR 05094

New Application Check one: Class 1 Class 2 Class 3
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Business Name: DODAKIN'S AUTO SALES Phone: (617) 354-8594

Business DBA Name (if applicable): _____

Address with Zip Code: 191 BEACON STREET SOMERVILLE, MA. 02143

Tax Identification Number: 30-0576525 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): CLAYTON S. PEABODY, JR.

Address with Zip Code: 11 GLEASON ST. WATERTOWN, MA. 02472

Property Owner Name: CLAYTON S. PEABODY, JR. Phone: (617) 924-9209

Address with Zip Code: 11 GLEASON ST. WATERTOWN, MA. 02472

Emergency Contact 1: CLAYTON PEABODY, JR. Phone: (617) 924-9209

Emergency Contact 2: JEAN PEABODY Phone: (617) 924-9209

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: CLAYTON S. PEABODY, JR.

Address with Zip Code: 11 GLEASON ST. WATERTOWN, MA. 02472

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 DEC - 6 A 10:37

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

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: BBC AUTO REPAIR

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 SOMERVILLE, MA.

RENEWAL FOR YEARS

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 _____

Describe all of the premises to be used in the business: BUILDING WITH OPEN LOT.

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:

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.

Signature of Applicant: Christy Peabody J. Date Nov. 15, 2010

Business Name: DODARMA'S AUTO SALES

Business Address: 191 BEACON ST. SOMERVILLE, MA - 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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

_____ The use is permitted as of right

_____ 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: _____ Date: _____

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature: _____ Name and Title: _____

NOTICE OF PREMIUM DUE



P. O. Box 5077
Sioux Falls, SD 57117-5077
1-888-866-2666

Bond/Policy#: 0601 69616165

Billing Date: 10/29/2010
Filing Date: 01/01/2011

Premium: \$250.00

CLAYTON S. PEABODY
191 BEACON ST.
SOMERVILLE, MA 02143

Amount Due: \$250.00

Bond/Policy#: 0601 69616165
Effective Date: 01/01/2011 Anniversary Date: 01/01/2012
Penalty: \$25,000.00
Name: CLAYTON PEABODY DBA DODAKINS AUTO SALES
Description: MA SECOND HAND MOTOR VEHICLE DEALER

*Paid CK # 05092
11/15/10*

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. Prompt payment allows us to issue or continue your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (508)378-1166
Agency: 20-18386

**Colburn Rider Insurance
Agency, Inc.
P.O. Box 10
Marion, MA 02738**

Please detach and return the original coupon below with your payment

**CLAYTON S. PEABODY, JR.
DBA DODAKINS AUTO SALES**
191 BEACON ST. PH. (617) 354-8594
SOMERVILLE, MA 02143

EXPLANATION	AMOUNT
BOND #	250 -
0601 69616165	

0509

5-7017-2110

PAY AMOUNT OF *Two hundred and fifty dollars* ⁰⁰/₁₀₀ DOLLARS.

CHECK AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
11/15/10	CNA SURETY	BOND RENEWAL	5092

\$ 250.00

111011



CITIZENS BANK
MASSACHUSETTS

Clayton Peabody Jr.

⑈005092⑈ ⑆211070175⑆ 1130725437⑈



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: DODAKIN'S AUTO SALES

Address of taxpayer/applicant's business in Somerville: 191 BEACON ST. SOMERVILLE, MA.

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

Taxpayer/applicant's phone: day: (617) 354-8594 evening: (617) 924-9209

I, (print name) CLAYTON S. PEARBODY, JR, 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 15 day of NOV., 20 10. Clayton S. Pearbody Jr.
(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: _____

04203150 # 245077001 # 09396006 # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP: **received**
UBarrow
11-3-10

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

Clayton J. Paulodoy Jr.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

30-0576525

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

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: DODAKINS AUTO SALES
Address: 191 BEACON ST.
City: SOMERVILLE State: MA Zip: 02143 Phone #: (617) 354-8594

- I am an employer with _____ employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 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: Clayton S. Peabody, Jr. Date: _____
Print Name: CLAYTON S. PEABODY, JR.

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