



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

2012 NOV 13 P 1:15

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

SOMERVILLE AVENUE MOTORS INC
595 SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: 34

Fee: 550.00

Account ID: 37

Reference #: 34

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 SOMERVILLE AVENUE MOTORS INC Business Location: 595 SOMERVILLE AVE Business Phone: 617-625-0021	
License Holder: SOMERVILLE AVENUE MOTORS INC 595 SOMERVILLE AVE SOMERVILLE, MA 02143 617-625-0021	
Mailing Address: SOMERVILLE AVENUE MOTORS INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DOUGLAS BARBOSA SECRETARY - DOUGLAS BARBOSA	
FID: 273236237	
Food Manager/Emergency Contact: DOUGLAS BARBOSA 781-866-6428	

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**

18 VEHICLES
18 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: Douglas Barbosa Date: 11-10-12
Print Name: DOUGLAS BARBOSA Phone: 781-866-6428

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 AVENUE MOTORS INC.
Somerville Address and Zip Code: 595 SOMERVILLE AVE SOMERVILLE MA 02145
Phone Number of the Business: 617-625-0021

The Legal Name of the License Holder: SOMERVILLE AVENUE MOTORS INC
Street Address of the License Holder: 595 SOMERVILLE AVE
City, State and Zip Code of the License Holder: SOMERVILLE MA 02145
Phone Number of the License Holder: 617-625-0021

Where We Should Send Mail: Name: SOMERVILLE AVENUE MOTORS INC.
Street Address: 595 SOMERVILLE AVE
City, State and Zip Code: SOMERVILLE MA 02145

Federal ID # (Do Not Give a Social Security #): 27-323-6237

Emergency Contact and his/her Phone Number: 781-866-6428

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: SOMERVILLE AVE MOTORS INC
Name of President: DOUGLAS BARBOSA
Name of Secretary: DOUGLAS BARBOSA Name of Treasurer: DOUGLAS BARBOSA
 LLC: Name of LLC: _____
Names of All Managers: DOUGLAS BARBOSA
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: Douglas Barbosa Date 11-10-12



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AMAZONia Insurance Agency Inc. 66 Bow Street Somerville, MA 02143	CONTACT NAME: PHONE (A/C No Ext): (617) 625-1900		FAX (A/C No): (617) 666-0037
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED SOMERVILLE AVENUE MOTORS INC 595 SOMERVILLE AVE SOMERVILLE, MA 02145	INSURER A: WESTERN SURETY COMPANY		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRE AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	SURETY BOND 2ND HAND MOTOR VEHICLE			70979751	8/18/12	8/18/13	AMMOUNT 25,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

CITY OF SOMERVILLE
 93 HIGHLAND AVE
 SOMERVILLE, MA 02145

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE


 SONIA PEREIRA

AMAZONia Insurance

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ACORD 25 (2010/05)

Phone:

The ACORD name and logo are registered marks of ACORD

Fax:

E-Mail:



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOMERVILLE AVENUE MOTORS INC.

Address of taxpayer/applicant's business in Somerville: 595 SOMERVILLE AVE, SOMERVILLE MA 02145

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

Taxpayer/applicant's phone: day: 781 866-6198 evening: _____

I, (print name) DOUGLAS BARBOSA, 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 10TH day of NOVEMBER, 2012. Douglas Barbosa
(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: _____

13771 # _____ # 11676 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **RECEIVED**
11-13-12

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: SOMERVILLE AVE MOTORS INC
Address: 595 SOMERVILLE AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-625-0021

- I am an employer with 1 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 PROPERTY CASUALTY COMPANY OF AMERICA
Address: P.O. Box 3556
City: ORLANDO State: FL Zip: 32807 Phone #: 800-443-4404
Policy #: 7PJUB-4344P70-1-12 Expiration Date: 08-14-13

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.

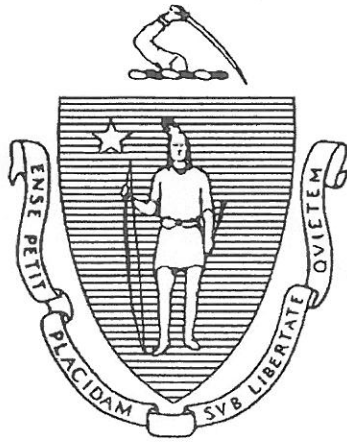
Signature: Douglas Barbosa Date: 11-10-12
Print Name: DOUGLAS BARBOSA

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 _____

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

**The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS
600 Washington Street, Boston, Massachusetts 02111
617-727-4900 — <http://www.mass.gov/dia>**

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 1450
MIDDLEBORD, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(7PJUB-4344P70-1-12)

08-14-12 TO 08-14-13

POLICY NUMBER

EFFECTIVE DATES

AMAZONIA INS AGENCY INC

66 BOW ST

SOMERVILLE

MA 02143

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

SOMERVILLE AVENUE MOTORS INC

595 SOMERVILLE AVE

SOMERVILLE

MA 02145

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

SOMERVILLE HOSPITAL 830 HIGHLAND AVE SOMERVILLE MA 02145
NAME OF HOSPITAL ADDRESS

TO BE POSTED BY EMPLOYER