

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date 07/01/2013

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☒ New Application

Check one: ☐ Class 1 ☒ Class 2 ☐ Class 3

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Top Cars of Boston LLC D/B/A Imman Motor Phone: (617) 666-2727

Business Location (with Zip Code): 463 McGrath HWY, Somerville, MA, 02143

Applicant's Legal Name: Salomao Silveira Junior

Applicant's Address (with Zip Code): 173 Union Street - Everett MA 02149

Applicant's Email Address: topcarsofboston@hotmail.com

Applicant's Federal Employer Identification Number: 830502645

Mailing Name (where we should send correspondence to): Top Cars of Boston

Mailing Address (with Zip Code): 39 Webster Avenue - Somerville MA 02143

Emergency Contact: Salomao Silveira Phone: (617) 301-3918

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

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

Partner's/Member's/President's Name: Salomao Silveira Junior

Address with Zip Code: 173 Union Street - Everett MA 02149

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

Address with Zip Code: _____

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

Address with Zip Code: _____

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: Innom 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 2008, Somerville, Mass 2009 Somerville
2010 Somerville, 2011 Somerville, 2012 Somerville

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: _____

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:

Monday - Friday : 9:00 Am - 7:00 Pm

Saturday: 9:00 Am - 5 Pm

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: [Signature] Name and Title: Chief

Agent: You may remove stub below to use as a billing/ credit invoice

CNA Surety

INVOICE

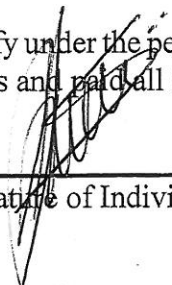
FILE NO.	EFFECTIVE DATE	ANNIVERSARY DATE	PROCESS DATE	PENALTY
0601 69650499	01-23-12	01-23-15	03-08-12	\$25,000.00
PRINCIPAL	TOP CARS OF BOSTON, LLC DBA INMAN MOTOR 39 WEBSTER AVE. SOMERVILLE, MA 02143			
RISK STATE	MA			SF
DESCRIPTION	SECOND HAND MOTOR VEHICLE DEALER			
OBLIGEE	CITY OF SOMERVILLE			
AGENCY CODE 20-18351	CHARGE	\$625.00		

Your agent is:

AMAZONIA INSURANCE
AGENCY INC
66 BOW ST
SOMERVILLE MA 02143

**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.


*_____
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

83 - 050 - 2675

**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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

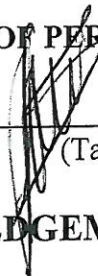
Exact name of taxpayer/applicant's business: Top Cars of Boston LLC DBA Inman Motors Sales of Somerville

Address of taxpayer/applicant's business in Somerville: 463 McGrath Hwy, Somerville, MA, 02143

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

Taxpayer/applicant's phone: day: 617 666 4747 evening: 617 666 2727

I, (print name) Salomao Silveira 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 01 day of July, 2013. *  (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: _____
9805 # 1146043001 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED
UR
7-15-13

*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: Top Cars of Boston LLC d/b/a Inman Motors Sales of Somerville

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- ☒ I am an employer with 2 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: Travelers Indemnity CO

Address: PO BOX 3556

City: Orlando State: FL Zip: 32802 Phone #: 1800-443-4404

Policy #: 5014P617 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: * [Signature] Date: 07/01/13

Print Name: Solomão Silveira 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 _____