



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

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: 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 595 SOMERVILLE AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DOUGLAS BARBOSA SECRETARY - DOUGLAS BARBOSA TREASURER - 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 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: 11/09/13

Print Name: DOUGLAS BARBOSA

Phone: 781-866-6428



Western Surety Company

RIDER

It is hereby mutually agreed and understood by and between the Principal and Western Surety Company, that instead of as originally written:

The Principal's name has been changed to read:
Somerville Avenue Motors, Inc.

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits conditions of the Bond, except as hereinabove set forth.

This Rider becomes effective on the 4th day of March, 2013, at twelve and one hundred clock a.m., standard

Attached to and forming part of Bond No. 70979751
issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota,
SOMERVILLE AVENUE MOTORS, INC.

Signed this 4th day of March, 2013.

WESTERN SURETY COMPANY

By

Paul T. Bruffet, Senior Vice President



Massachusetts,



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 70979751

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: August 16, 2010

That we, Somerville Avenue Motor, Inc., as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at City of Somerville, 93 Highland Ave., Somerville, MA 02143

by First Class U.S. Mail.

Address

Dated this 16th day of August, 2010.

Somerville Avenue Motor, Inc.

, Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Bruffat

Paul T. Bruffat, Senior Vice President





City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

**SOMERVILLE AVENUE MOTORS INC
595 SOMERVILLE AVE
SOMERVILLE, MA 02143**

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

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

Taxpayer/applicant's phone: day: 617-625-0021 evening: 781-866-6428

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 9TH day of NOVEMBER, 2013. 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: _____

13906 # N/A # N/A # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP: 

RECEIVED
12/2/13 

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

- ☐ I am an employer with _____ 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: THE TRAVELERS INSURANCE
Address: PO BOX 150
City: MIDDLEBORO State: MA Zip: 02344 Phone #: _____
Policy #: 7P5UB-4344P70-1-13 Expiration Date: 8/14/14

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.

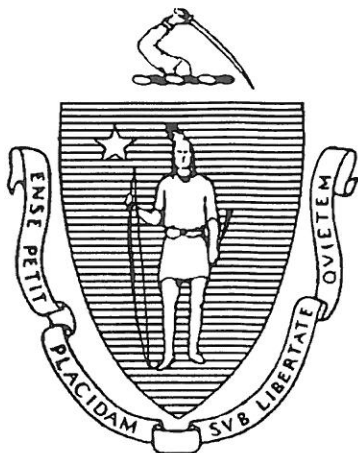
Signature: Douglas Barbosa Date: 11/09/13
Print Name: DOUGLAS BARBOSA

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
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(7PJUB-4344P70-1-13)

08-14-13 TO 08-14-14

POLICY NUMBER

EFFECTIVE DATES

AMAZONIA INS AGENCY INC

66 BOW STREET

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 230 HIGHLAND AVE SOMERVILLE, MA 02143

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER