

38 Autos

### SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date 12/29/2010

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>12-30-10</u>
Amount Paid	<u>CK 5058 \$500</u>

New Application Check one:  Class 1  Class 2  Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

2010 DEC 30 PM  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

Business Name: John's Auto Sales Inc. Phone: 617-628-5511

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 181 Somerville Ave Somerville Ma 02142

Tax Identification Number: 04-2743707 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Property Owner Name: John J Eleftherakis Phone: 617-512-5511

Address with Zip Code: 2 Lovell Rd. Lynnfield Ma 01940

Emergency Contact 1: John J Eleftherakis Phone: 617-512-5511 H = 781-334-6614

Emergency Contact 2: Paul Valente Phone: 617-895-9993

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: John J Eleftherakis, President

Address with Zip Code: 2 Lovell Rd, Lynnfield Ma 01940

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: \_\_\_\_\_

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 Current Address \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

**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: [Signature] Date 12/29/2010

Business Name: John's Auto Sales Inc.

Business Address: 181 Somerville Ave, 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: \_\_\_\_\_

ISSUED THROUGH

**A. A. DORITY COMPANY**

BOSTON

**CONTINUATION CERTIFICATE**

The NGM Insurance Company, hereinafter called the Company,  
hereby continues in force its MA Used Car Dealer Bond Number S-245752  
in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

John's Auto Sales, Inc.

located at

181 Somerville Avenue  
Somerville, MA 02143in favor of City of Somerville, MAfor the term beginning December 31st, 2009 and ending on December 31st, 2012,

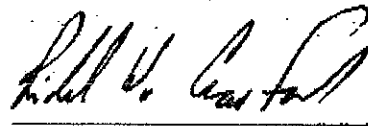
subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be  
cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized  
Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, June 28, 2010

NGM Insurance Company

By:

  
Richard W. Crawford

Attorney-in-Fact

A. A. DORITY COMPANY, Inc.  
262 Washington Street, Suite 99  
Boston, MA 02108  
(617) 523-2935



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: John's Auto Sales Inc.

Address of taxpayer/applicant's business in Somerville: 181 Somerville Ave, Somerville Ma

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_ 02143

Taxpayer/applicant's phone: day: 617-628-5511 evening: 617-512-5511

I, (print name) John's Auto Sales Inc., 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 29<sup>th</sup> day of

December, 2010.

(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: \_\_\_\_\_  
# 05223110      # 118014041      # 30053266      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
12-20-10 [Signature]



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: John's Auto Sales Inc.  
Address: 181 Somerville Ave., Somerville Ma 02143  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- I am an employer with 14 employees (full and/or part time). Business Type:
  - Retail
  - Restaurant/Bar/Eating Establishment
  - Office and/or Sales (real estate, auto, etc.)
  - Nonprofit
  - Entertainment
  - Manufacturing
  - Health Care
  - Other
- 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Technology Insurance Co.  
Address: 20 Trafalgar Square Suite 459  
City: Nashua State: NH Zip: 03063 Phone #: \_\_\_\_\_  
Policy #: WC99 00 01B/TWC3246124 Expiration Date: 8/15/2011

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: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: John J. Eleftherakis, President

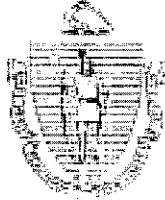
**Official use only. Do not write in this area. To be completed by city or town official.**

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:

Technology Insurance Company

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**NAME OF INSURANCE COMPANY**

5800 Lombardo Center Cleveland OH 44131-2550

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**ADDRESS OF INSURANCE COMPANY**

TWC3246124

8/15/2010 to 8/15/2011

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**POLICY NUMBER**

**EFFECTIVE DATES**

AHM Insurance Agency, Inc.

5605 Green Circle Drive Minnetonka MN 55343

952-935-1400

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**NAME OF INSURANCE AGENT**

**ADDRESS**

**PHONE #**

John's Auto Sales

181 Sommerville Ave Sommerville MA 02143

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**EMPLOYER**

**ADDRESS**

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**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

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**NAME OF HOSPITAL**

**ADDRESS**

**TO BE POSTED BY EMPLOYER**