



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

GREEN AUTOMOTIVE INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: **927**

Fee: **550.00**

Account ID: **664**

Reference #: **927**

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 GREEN AUTOMOTIVE INC Business Location: 600 WINDSOR PL Business Phone: 617-628-1081	<div style="transform: rotate(-45deg);"> 2012 DEC 12 P 1:19 CITY CLERK'S OFFICE SOMERVILLE, MA </div>
License Holder: GREEN AUTOMOTIVE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	
Mailing Address: GREEN AUTOMOTIVE INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE	
FID: 042660924	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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**

20 VEHICLES
20 VEHICLES INSIDE

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: *Cheryl Horan* Date: 11/28/12

Print Name: Cheryl Horan Phone: (617) 628-1081

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:	Green Automotive, Inc.
Somerville Address and Zip Code:	600 Windsor Pl Somerville, MA 02143
Phone Number of the Business:	617 628-1081

The Legal Name of the License Holder:	same as above
Street Address of the License Holder:	
City, State and Zip Code of the License Holder:	
Phone Number of the License Holder:	

Where We Should Send Mail: Name:	Green Automotive, Inc.
Street Address:	600 Windsor Pl
City, State and Zip Code:	Somerville, MA 02143

Federal ID # (Do Not Give a Social Security #):	042660924
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Emergency Contact and his/her Phone Number:	Cheryl Horn 978 273 3777
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Type of Business (Check Only One and Print the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership:	
Names of All Partners Who Own More Than 10%:	
<input type="checkbox"/> Trust: Name of Trust:	
Names of All Trustees Who Own More Than 10%:	
<input checked="" type="checkbox"/> Corporation: Name of Corporation:	Green Automotive, Inc.
Name of President:	Berald Chaille
Name of Secretary:	Cheryl Horn
Name of Treasurer:	Berald Chaille
<input type="checkbox"/> LLC: Name of LLC:	
Names of All Managers:	
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: Cheryl Horn Date: 12/12/15

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-245685**

in the sum of **Twenty-Five Thousand dollars (\$25,000.00)**

on behalf of

Green Automotive Inc.

located at

600 Windsor Place
Somerville, MA 02143

in favor of **City of Somerville, MA**

for the term beginning **December 31st, 2012** and ending on **December 31st, 2013**, 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, November 21, 2012

NGM Insurance Company

By: 

James M. Crawford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: 600 Windsor Pl.

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name), 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 _____ day of _____, 20_____.
(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: _____

1347 # 14600701 / # 1347 # _____

NOTES:

CLERK'S INITIALS: *[Signature]*

ORIGINAL STAMP:



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:

Address:

City:

State:

Zip:

Phone #:

☒ I am an employer with 28 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

Transportation

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:

Date:

Print Name:

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 _____