



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

2015 DEC 28 P 12: 24

Application to Renew Used Car Dealer License

CITY CLERK'S OFFICE
 SOMERVILLE, MA

A PLUS AUTO BODY, INC.
297 MEDFORD ST
SOMERVILLE MA 02143

License #: BL15-000991
File #: 15-617
Fee: 550

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: A PLUS AUTO BODY, INC. Business Location: 297 MEDFORD ST Business Phone: 617-776-4500	
License Holder: A PLUS AUTO BODY, INC. 297 MEDFORD ST SOMERVILLE MA 02143	
Mailing Address: A PLUS AUTO BODY, INC. 297 MEDFORD ST SOMERVILLE MA 02143	
Business Type: Corporation JOHN FRAGIONE AUGUSTINO FEOLA LORI FRAGIONE	
FID: 043160822	
Emergency Contact: JOHN FRAGIONE Phone:	
Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 0 Proposed Hours of Operation if operating outside standard hours: mo-fr 8 am- 6 pm, sa 8 am-2 pm	

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: _____

John Fragione

Date: _____

12/14/15

Printed Name: _____

JOHN FRAGIONE

Phone: _____

(617) 776 4500

MASSACHUSETTS USED CAR DEALER'S BOND

KNOW ALL MEN BY THESE PRESENTS, that we,

A Plus Auto Body Inc

of 297 Medford St

Somerville

MA 02143

as Principal, and

NGM Insurance Company

4601 Touchton Rd East Ste 3400

Jacksonville, FL 32245-8000

authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto

City of Somerville

City Hall

93 Highland Ave

Somerville, MA 02143

as Oblige, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of

Twenty Five Thousand and 00/100

(\$25,000.00), for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees, jointly and severally, firmly be these presents.

Whereas the said Principal is a Dealer having an established place of business at

297 Medford St

Somerville

MA 02143

in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

Now, therefore, the condition of this obligation is such that if the said Principal shall faithfully observe the provisions of Chapter 140, Section 58, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

- Section 1. Recovery Against this bond may be made by any natural person who obtains a final judgment in court against the dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one year after the event giving rise to the cause of action.
- Section 2. Notice of any suit under this bond must be made in writing to the Oblige (written acknowledgement of receipt of said notice by the Oblige to be prima facie evidence of compliance with this requirement of notice).
- Section 3. The Surety may cancel said bond by giving thirty (30) days notice in writing by U.S. First Class mail to the Oblige and this bond shall be deemed cancelled.

Effective this 31st day of January, 2014.

Witness

A Plus Auto Body Inc

By

[Signature]
Principal

(Seal)

Witness

NGM Insurance Company

By

Surety

[Signature]

Anna Lukas Attorney-in-Fact

(Seal)



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 297 MEDFORD ST

Address of taxpayer/applicant's business in Somerville: A PLUS AUTO BODY

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

Taxpayer/applicant's phone: day: 617-776-4500 evening: _____

I, (print name) JOHN FRAGIONE, 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 14 day of DECEMBER, 2015. John Fragione
(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: _____

10054 # 118014001 # 828 # ✓

NOTES:

CLERK'S INITIALS: ER

ORIGINAL STAMP: received
12-28-15

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: A PLUS AUTO BODY, INC.
Address: 297 MEDFORD ST.
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-4500

- I am an employer with 10 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 COLLISION REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS / T. EDMUND GARRITY
Address: 545 CONCORD AVE Ste 14
City: CAMBRIDGE State: MA Zip: 02138 Phone #: 888-887-1413
Policy #: 8B325781 Expiration Date: 4/29/16

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: John Fragione Date: 12/14/15

Print Name: JOHN FRAGIONE

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 _____

Account Bill

Account No. 4479L8164
 Date of This Bill 11/11/15

TOTAL BALANCE	\$2,961.80
MINIMUM DUE	\$744.20

A PLUS AUTO BODY, INC.
 297 MEDFORD ST.
 SOMERVILLE MA 02143

PAYMENT MUST BE RECEIVED BY:
DECEMBER 01, 2015

ACCOUNT BILLING SUMMARY

POLICY	TYPE	POLICY PERIOD	MIN. DUE	BALANCE	CO
8B325781 UB	Workers Comp	04/29/15-04/29/16	\$739.20	\$2,956.80	66
		Current Installment Charge	\$5.00	\$5.00	
TOTAL BALANCE			\$744.20	\$2,961.80	

TRANSACTIONS SINCE LAST STATEMENT

Previous Account Balance	\$3,701.00
Payment Received - Thank You	-744.20
Current Installment Charge	5.00
TOTAL BALANCE	\$2,961.80

CONTINUED ON NEXT PAGE

Please detach the payment coupon and mail with your payment in the enclosed envelope to:
 You are enrolled in Automatic Recurring Payments, do not send in your Payment.

648842H 2015315 8506 126 0WA568

Payment Coupon Make checks payable to: TRAVELERS

T EDMUND GARRITY & CO
 A PLUS AUTO BODY, INC.
 4479L8164

Include Account Number on the check.

Change of Address?
 Place an "X" here.
 Print changes on reverse side.

PAYMENT MUST BE RECEIVED BY
DECEMBER 01, 2015

TOTAL BALANCE	\$2,961.80
MINIMUM DUE	\$744.20
AMOUNT ENCLOSED	

TRAVELERS CL REMITTANCE CENTER
 PO BOX 660317
 DALLAS, TX 75266-0317



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