



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

2015 NOV 12 P 6:28

**Application to Renew Used Car Dealer License**

**HILLSIDE JAGUAR INC**  
**45 MYSTIC AVE**  
**SOMERVILLE MA 02145**

**License #:** BL15-000903  
**File #:** 15-620  
**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)
<b>Business/DBA Name:</b> HILLSIDE SERVICE CENTER <b>Business Location:</b> 45 MYSTIC AVE <b>Business Phone:</b> 617-623-7388	
<b>License Holder:</b> HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE MA 02145	
<b>Mailing Address:</b> HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation ROBERT BOUDREAU LORRAINE BOUDREAU LORRAINE BOUDREAU	
<b>FID:</b> 042917732	
<b>Emergency Contact:</b> KATHY BOUDREAU <b>Phone:</b> 617-438-7381	
<b>Dealership Class:</b> Class 2 <b># of Vehicles Kept Inside:</b> 0 <b># of Vehicles Kept Outside:</b> 10 <b>Proposed Hours of Operation if operating outside standard hours:</b> 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: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*Robert Boudreau*  
Robert Boudreau

*11-12-15*  
617-623-7388

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-244435**

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

on behalf of

**Hillside Jaguar Inc.**

located at

45 Mystic Ave  
Somerville, MA 02143

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

for the term beginning **December 31st, 2015** and ending on **December 31st, 2016**, 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 6, 2015

NGM Insurance Company

By: 

Katie E. Ford

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: Hillside Jaguar, Inc

Address of taxpayer/applicant's business in Somerville: 45 Hystk Ave

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

Taxpayer/applicant's phone: day: 617 627 388 evening: 617 923 2420

I, (print name) Robert Bowdoin, 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 12 day of November, 20 15. [Signature]  
(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: \_\_\_\_\_

# 10965 # 102013001 # 908 # ✓

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 Businesses**

**Applicant information:**

Name: Robert A. Boudreau  
Address: 45 Lytle Ave  
City: Dorchester State: MA Zip: 02145 Phone #: 617 623 7888

- ☒ 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 Auto Repair

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Mass Retail Merchant WC Group  
Address: PO Box 859222-922  
City: Braintree State: MA Zip: 01285 Phone #: 800-760-9877  
Policy #: 014005031604115 Expiration Date: 1/1/16

**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: Robert A. Boudreau Date: 1-1-12-15  
Print Name: Robert A. Boudreau

*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 \_\_\_\_\_