



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**GEMICAR INC
TECH AUTO BODY
9 UNION SQ
SOMERVILLE, MA 02143**

License #: **914**
Fee: **550.00**
Account ID: **650**
Reference #: **914**

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: TECH AUTO BODY Business Location: 9 UNION SQ Business Phone: 617-628-0232	
License Holder: GEMICAR INC TECH AUTO BODY 9 UNION SQ SOMERVILLE, MA 02143 617-628-0232	CITY CLERK'S OFFICE SOMERVILLE, MA 2013 NOV 21 A 9:18
Mailing Address: GEMICAR INC TECH AUTO BODY 9 UNION SQ SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GEORGE MIHOS SECRETARY - GEORGE MIHOS TREASURER - GEORGE MIHOS	
FID: 043356068	
Food Manager/Emergency Contact: GEORGE MIHOS 617-650-1819	

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**

2 VEHICLES

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: *George Mihos* Date (617) 650-1819
 Print Name: GEORGE MIHOS Phone 11/19/2013

Massachusetts

COPY Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 69626279

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: December 4, 2003

That we, Gemicar, Inc. and Tech Auto Body 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 93 Highland Ave., Somerville, MA 02143 by First Class U.S. Mail. Address

Dated this 8th day of December, 2003.



Gemicar, Inc. and Tech Auto Body, Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

CNA

11/12/2009 10:56:23 AM PAGE 1/003 Fax Server

CNA SURETY

CNA Plaza, Chicago IL 60685-0001

Jennifer B. Schaller

Counsel

Telephone 312-822-7049

Facsimile 312-755-3737

Re: Second Hand Motor Vehicle Dealer Bond Certificate of
Continuance for Western Surety Bonds

Western Surety is an underwriting company of CNA Surety and we are contacting your office because several of our bond principals received correspondence indicating the need for a Certificate of Continuance for their Second Hand Motor Vehicle Dealer Bonds issued by Western Surety.

Western Surety's standard bond form expressly states: "This bond shall be continuous and may be cancelled by the Surety by giving (30) days' written notice of cancellation to the municipal licensing authority at (address) by First Class Mail." (emphasis added)." Since, Western Surety's bond form is continuous, it would be inappropriate for Western Surety to issue a Continuation Certificate.

The Commonwealth of Massachusetts, Registry of Motor Vehicles has reviewed Western Surety's bond form and has clearly stated that municipalities do not need to require additional evidence that the bond is in effect. (See attached letter from Attorney William McVey dated November 19, 2004).

If you have any questions, or we can be of any further assistance, please feel free to contact me at (312) 822-7049.

Sincerely,

Jennifer B. Schaller

Jennifer B. Schaller



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GEMICAR, INC D/B/A TECH AUTO BODY

Address of taxpayer/applicant's business in Somerville: 9 UNION SQUARE

Address of taxpayer/applicant's home in Somerville: 9 UNION SQUARE

Taxpayer/applicant's phone: day: 617-628-0232 evening: 617-650-1819

I, (print name) GEMICAR, INC D/B/A TECH AUTO BODY 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 19th day of November, 2013. [Signature] (President)
(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: _____
15119 # 12307911 # 1206 # _____

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: GEMICAR, INC D/B/A TECH AUTO BODY
Address: 9 UNION Sq
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-628-0232

- I am an employer with 4 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 Co
Address: 2420 LAKEMONT AVE SUITE 100
City: ORLANDO State: FL Zip: 32814 Phone #: 781-817-8370
Policy #: 6KUB-9581116-7-13 Expiration Date: 11-7-14

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: [Handwritten Signature] Date: 11/19/2013
Print Name: George Michas

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 _____