



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

Application to Renew Used Car Dealer License

SOOREN INC
525 BROADWAY
SOMERVILLE MA 02145

2015 NOV 19 P 3:37
CITY CLERK'S OFFICE
SOMERVILLE, MA
License #: BL15-000036
File #: 15-39
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: BROADWAY AUTO SALES Business Location: 525 BROADWAY Business Phone: 781-396-2990	
License Holder: SOOREN INC 525 BROADWAY SOMERVILLE MA 02145	
Mailing Address: SOOREN INC 525 BROADWAY SOMERVILLE MA 02145	
Business Type: Corporation THOMAS NAREKIAN JR. THOMAS NAREKIAN JR. THOMAS NAREKIAN JR.	
FID: 510441486	
Emergency Contact: TOM NAREKIAN JR. Phone: 617-201-3396	
Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 11 Proposed Hours of Operation if operating outside standard hours: Mon-Fri 8AM-6PM, Sa 8AM-2PM, Sun Closed.	

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: _____

Tom Narekian

11-19-15

617-201-3396

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-244403**

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

on behalf of

Sooren Inc. DBA Broadway Auto Sales

located at

525 Broadway
Somerville, MA 02143

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

for the term beginning **December 31st, 2015** and ending on **December 31st, 2018**, 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 19, 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: Sooren Inc. dba Broadway Auto Sales

Address of taxpayer/applicant's business in Somerville: 525 Broadway

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-201-3396 evening: 617-201-3396

I, (print name) Thomas S. Narekian Jr., 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, 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: _____

2223 # 201057011 # 233 # _____

NOTES:

CLERK'S INITIALS: VR

ORIGINAL STAMP:



RECEIVED
11-19-25

VBamp

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: Sooren Inc. dba Broadway Auto Sales
Address: 525 Broadway
City: Somerville State: MA Zip: 02145 Phone #: 617-201-3396

- ☒ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica
Address: 201 Edgewater Dr. #295
City: Wakefield State: MA Zip: 01880 Phone #: 800-695-1914
Policy #: 4663411 Expiration Date: 7/26/16

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: _____ Date: 11-19-15

Print Name: Tom Narekian Jr.

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 _____