



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

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CITY CLERK'S OFFICE  
SOMERVILLE, MA  
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SOMERVILLE, M

### Application to Renew Used Car Dealer License

**GREEN AUTOMOTIVE INC**  
**600 WINDSOR PLACE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000927  
**File #:** 15-664  
**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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> GREEN AUTOMOTIVE INC <b>Business Location:</b> 600 WINDSOR PL <b>Business Phone:</b> 617-628-1081	
<b>License Holder:</b> GREEN AUTOMOTIVE INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Mailing Address:</b> GREEN AUTOMOTIVE INC 600 WINDSOR PLACE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation GERALD CHAILLE GERALD CHAILLE CHERYL HORAN	
<b>FID:</b> 042660924	
<b>Emergency Contact:</b> CHERYL HORAN <b>Phone:</b> 978-273-3777	
<b>Dealership Class:</b> Class 2 <b># of Vehicles Kept Inside:</b> 20 <b># of Vehicles Kept Outside:</b> 0 <b>Proposed Hours of Operation if operating outside standard hours:</b> Mon-Fri 8AM-6PM, Sat 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: *Cheryl Horan* Date: 11/24/15  
Printed Name: Cheryl Horan Phone: 617 628 1081



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Green Cab Co, Inc. and Green Automotive, Inc.

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

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

Taxpayer/applicant's phone: day: (617) 628-2222 evening: (978) 273-3777

I, (print name) Gerald R. Chaille, 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 24th day of November, 2015. Gerald R. Chaille  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

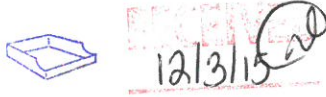
DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 16286      # 146007001      # 1295      # \_\_\_\_\_

**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: Green Automotive, Inc.

Address: 600 Windsor Place

City: Somerville State: Ma Zip: 02143 Phone #: (617) 628-2222

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> I am an employer with <u>24</u> employees (full and/or part time).                         | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input checked="" type="checkbox"/> Other <u>Auto Repair</u>           |

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

Insurance Company Name: Utica national Insurance Group

Address: P.O. BOX 6532

City: UTICA State: NY Zip: 13504 Phone #: (800) 598-8422

Policy #: WC 4489843 Expiration Date: 01/01/16

**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: Gerald R. Chaille Date: 11/24/15

Print Name: Gerald R. Chaille

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_