



Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Y  N

Is your principal business the sale of new motor vehicles? Y  N

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract? Y  N

If yes, provide the name of the manufacturer(s): \_\_\_\_\_

Is your principal business the buying and selling of second hand motor vehicles? Y  N

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location? Y  N

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼? Y  N

If yes, provide the name of the repair facility: John's Auto Sales / J+K Gulf P  
onsite

Is your principal business that of a motor vehicle junk dealer? Y  N

Have you ever obtained a license to deal in second hand motor vehicles or parts? Y  N

If yes, list year, city and state 2010, Somerville, MA.

Have you ever been denied a license to deal in second hand motor vehicles or parts? Y  N

If yes, list year, city and state \_\_\_\_\_

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended? Y  N

If yes, list year, city and state \_\_\_\_\_

Describe all of the premises to be used in the business: 181 Somerville Ave

Approx 7000 Sq Ft in it entirety.

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

Hours of Operation for 30 years Mon-Thurs 9AM-8pm  
Friday 9AM-6pm Sat 10AM-5pm Sun 10AM-4pm

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 10/26/11

Business Name: John's Auto Sales, Inc

Business Address: 181 Somerville Ave Somerville, MA 0143

**FOR NEW APPLICANTS:**

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The building located at the premises mentioned above is in a \_\_\_\_\_ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: \_\_\_\_\_ inside  
\_\_\_\_\_ outside

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**POLICE DEPARTMENT RECOMMENDATION:**

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

ISSUED

10/19/2009

Surety Bonds Since 1899

TAX ID# 04-2006385

Ask for DICK or PHIL CRAWFORD

Renewal

# A.A. DORITY COMPANY, INC.

262 WASHINGTON ST., SUITE 99 BOSTON, MA 02108-4602  
TEL: 617-523-2935 FAX: 617-523-1707 www.aadorty.com

This invoice is due and payable as of the date of charge unless satisfactory cancellation evidence has been furnished.

BOND DESCRIPTION

\$450.00

Invoice No.

DATE OF CHARGE

481990

12/31/2009

John's Auto Sales, Inc.  
(\$25,000.00) MA Used Car Dealer  
12/31/2009 - 12/31/2012  
City of Somerville, MA.  
NGM Bond No. S-245752

PAID

John's Auto Sales Inc.  
Attention: Nina  
181 Somerville Ave  
Somerville, MA 02143

You must be a current member of MIADA to receive bond discount.

John's Auto Sales, Inc.

located at

181 Somerville Avenue  
Somerville, MA 02143

in favor of

City of Somerville, MA

for the term beginning December 31st, 2009 and ending on December 31st, 2012,


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 5, 2009

NGM Insurance Company

By:

  
Philip B. Crawford / Attorney-in-Fact  
A. A. Dorty Company, Inc.  
262 Washington Street, Suite 99  
Boston, MA 02108  
(617) 523-2935

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

*John J Eleftherakis President*  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*04-2743707*  
\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



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: John's Auto Sales Inc

Address of taxpayer/applicant's business in Somerville: 81 Somerville Ave, Somerville, Ma 02143

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

Taxpayer/applicant's phone: day: 617 628 5511 evening: 617 512 5511

I, (print name) John J Eleftherakis, 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 26 day of OCT, 20 11.  
[Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

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

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

Real Estate # 13534  
9606

Water/Sewer # 118014041

Personal Property # 1091

Other: # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
10-28-11

**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: John

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ 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 type="checkbox"/> Other _____                                   |

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

Insurance Company Name: Am/Trust N.A. Technology Insurance Co Policy # TWC 3289069

Address: 5800 Lombardo Ctr

City: Cleveland State: OH Zip: 44131 Phone #: 1-877-528-7878

Policy #: TWC 3289069 Expiration Date: 8/14/2012

**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: 10/26/11

Print Name: John J. Eleftherakis

**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 #: \_\_\_\_\_

<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 _____

(revised Jan. 2008)

### Technology Insurance Company

A Stock Insurance Company  
20 Trafalgar Square, Suite 459  
Nashua, NH 03063

WORKERS COMPENSATION  
AND EMPLOYERS LIABILITY  
INSURANCE POLICY

WC 99 00 01 B  
1 of 4  
INFORMATION PAGE

Ncci Code: 39071

1. Insured:

**John's Auto Sales**

181 Somerville Ave  
Somerville MA 02143

Other workplaces not shown above:  
See Extension of Information Page

Producer:

AHM Insurance Agency, Inc.  
5605 Green Circle Drive  
Mimmetonka MN 55343

Policy Number: **TWC3289069**

Individual \_\_\_\_\_ Partnership \_\_\_\_\_  
 Corporation or \_\_\_\_\_  
Federal Tax ID: 042743707  
Risk Id:  
Renewal of: TWC3246124

2. The policy period is from **8/15/2011** to **8/15/2012** 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **Massachusetts**

B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A.

The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
MA	\$ 1,000,000 each accident	\$ 1,000,000 policy limit	\$ 1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules:

WC 00 00 00 B, WC 99 00 01 B, WC 00 01 13A, WC 00 04 14, WC 20 01 01, WC 20 03 01, WC 20 03 02, WC 20 03 03C, WC 20 04 01, WC 20 04 05, WC 20 06 01A, WC 20 06 04

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating

Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>	<b>4,232</b>
<b>STATE ASSESSMENT</b>	<b>218</b>
<b>TOTAL ESTIMATED COST</b>	<b>4,450</b>
Minimum Premium	504
Deposit Premium	643

Issue Date: 7/15/2011

Countersigned by:

  
Authorized Representative