



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

## Application to Renew Used Car Dealer License

**ERIK MATAEV**  
**18 EDGEBROOK RD**  
**WEST ROXBURY MA 02132**

**License #:** BL15-000032  
**File #:** 15-35  
**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> EXECUTIVE AUTO LEASING AND SALES <b>Business Location:</b> 30 MEDFORD ST <b>Business Phone:</b> 617-610-7321	
<b>License Holder:</b> ERIK MATAEV 18 EDGEBROOK RD WEST ROXBURY MA 02132	
<b>Mailing Address:</b> ERIK MATAEV 18 EDGEBROOK RD WEST ROXBURY MA 02132	
<b>Business Type:</b> Sole Proprietor ERIK MATAEV	
<b>FID:</b> 270065016	
<b>Emergency Contact:</b> ERIK MATAEV <b>Phone:</b>	
<b>Dealership Class:</b> Class 2 <b># of Vehicles Kept Inside:</b> 3 <b># of Vehicles Kept Outside:</b> 0 <b>Proposed Hours of Operation if operating outside standard hours:</b> mo-fr 8 am-6 pm, sa 8 am-2pm	

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: \_\_\_\_\_

*[Handwritten Signature]*

10-29-15

ERIK MATAEV

617-610-7321

**NOTICE OF PREMIUM DUE**

\*\*\*\*\*



Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
Company#: 0601  
Bond/Policy#: 69620574  
Billing Date: 10/16/2015  
Due Date: 12/16/2015

ERIK MATAEV  
30 MEDFORD ST.  
SOMERVILLE, MA 02145

Premium: \$437.50

**Amount Due: \$437.50**

Company#: 0601  
Bond/Policy#: 69620574  
Effective Date: 12/16/2015      Anniversary Date: 12/16/2017  
Bond amount: \$25,000.00  
Name: ERIK MATAEV DBA EXECUTIVE AUTO LEASING & SALES  
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (978)682-3397      **David J. De Angelis Insurance**  
Agency Code: 20-16491      **Agency, Inc.**  
   **283 Merrimack St.**  
   **Methuen, MA 01844-6496**

**YOU CAN PAY ONLINE BY VISITING [ONLINEPAY.CNASURETY.COM](http://ONLINEPAY.CNASURETY.COM)**

Please detach and return the coupon below with your payment. Please send payment to the address below.



2015 DEC -7 P 2:00

CITY CLERK'S OFFICE  
SOMERVILLE, MA

City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: EXECUTIVE AUTO LEASING & SALES

Address of taxpayer/applicant's business in Somerville: 30 MEDFORD ST SOMERVILLE, MA 02143

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

Taxpayer/applicant's phone: day: 617-576-1855 evening: 617-610-7321

I, (print name) ERIK MATAEV, 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 10 day of  
29, 2015. Erik Mataev  
(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: \_\_\_\_\_

# 10032      # 124002021 # 804      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

PAID  
URB  
12-7-15

**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: EXECUTIVE AUTO LEASAGE & SALES

Address: 30 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-610-7321

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input checked="" 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: \_\_\_\_\_

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

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

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: 10-29-15

Print Name: ERIK MATAEV

*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 #: _____	