

10 Auto

### SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date 11/1/11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>11-15-11</u>
Amount Paid	<u>550 - CR 13823</u>

New Application    Check one:     Class 1     Class 2     Class 3  
 Renewing Application with Additions or Changes  
 Renewing Application with NO Additions or Changes

Business (DBA) Name: Hillside Jaguar, Inc. Phone: 617-623-7388

Business Location (with Zip Code): 45 Mystic Ave Somerville 02145

Applicant's Legal Name: Robert Boudreau

Applicant's Address (with Zip Code): 139 Hillside Rd Watertown 02472

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: 04-2917132

Mailing Name (where we should send correspondence to): 45 Mystic Ave

Mailing Address (with Zip Code): Somer

Emergency Contact: Kathy Boudreau Phone: 617 478 7381

Type of Business (Check one):     Sole Proprietor     Partnership (inc. LLP)     Trust  
     Corporation (inc. LLC)     Other

IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Robert Boudreau

Address with Zip Code: 139 Hillside Rd Watertown Ma 02472

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

CITY CLERK'S OFFICE  
 SOMERVILLE, MA  
 2011 NOV 15 A 10:54

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: \_\_\_\_\_

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 1997-2011  
Dorchester MA 02145

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: 4000 Sq ft lot  
Adjacent to 45 Hystic Ave.

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:

\_\_\_\_\_  
\_\_\_\_\_

**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: *Robert W. Bradburn* Date 11/1/11

Business Name: Hillside Jaguar Inc

Business Address: 45 Mystic Ave Somerville Ma 02145

**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 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-244435  
in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Hillside Jaguar Inc.

located at

45 Mystic Ave  
Somerville, MA 02143

in favor of

City of Somerville, MA

for the term beginning December 31st, 2011 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, October 25, 2011

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

**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.

*Hillside Jaguar, Inc*

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

*Robert M. Boudreau II*

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*04-291732*

\_\_\_\_\_  
\*\*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: Hillside Jaguar

Address of taxpayer/applicant's business in Somerville: 45 Myrtle Ave

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

Taxpayer/applicant's phone: day: 617 627 988 evening: 617 713 2420

I, (print name) Robert Bourreau, 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 1 day of November, 2011. Robert Bourreau  
(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: \_\_\_\_\_  
# 20666111      # 102013001      # 946      # \_\_\_\_\_

NOTES: 10634

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: received  
11-15-11

**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: Robert Boudreau  
 Address: 45 Gnostic Ave  
 City: Dorchester State: MA Zip: 02145 Phone #: 617 623 7300

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | Business Type: <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: MA Retail Merchants WC Group, Inc  
 Address: 10 British American Blvd  
 City: Lehman State: NY Zip: 12110 Phone #: 617 454 7900  
 Policy #: 014005031604111 Expiration Date: 1/1/12

**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: Robert Boudreau Date: 11/1/11  
 Print Name: Robert Boudreau

**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
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____