

8 AUTOS INSIDE
4 AUTOS OUTSIDE

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00 CITY CLERK'S OFFICE
SOMERVILLE, MA
Date _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 10/25/11
Amount Paid \$500

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

Applicant's Legal Name: A/E Auto Repair Inc. Phone: 617-666-0713

Applicant's Address (with Zip Code): 13 Joy Street Somerville MA 02143

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 27-4431119

Business DBA Name (if applicable): Same

Business Location (with Zip Code): Same

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code): _____

Emergency Contact: Eliana F. Ferreira Phone: 617-666-0713

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

IF A SOLE PROPRIETOR:

Owner's Name: N/A

Address with Zip Code: _____

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

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

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

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

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 x

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

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

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

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

If yes, provide the name of the repair facility: A/E Auto Repair

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

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

If yes, list year, city and state _____

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

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 x

If yes, list year, city and state _____

Describe all of the premises to be used in the business: Auto repair and sales

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:

n/a

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 07/29/2011

Business Name: A/E Auto Repair, Inc.

Business Address: 13 Joy Street, Somerville, MA

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: 8 inside
4 outside

Signature: [Signature] Date: Aug 30 - 2011
Print Name: Ernie Norzo Title: Superv

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: [Signature] Name and Title: Chief

DAVID J. L'ESPERANCE
Attorney at Law
15 Johnson Street
Lynn, MA 01902

2011 OCT 17 P 4: 41

CITY CLERK'S OFFICE
SOMERVILLE, MA

Tel: 339-440-5859 Fax: 339-440-5817 e-mail: djlesquire@gmail.com

City Clerk
City of Somerville
93 Highland Avenue
Somerville, MA 02143

Dear Sir or Madam;

Enclosed, please find a completed Class II Dealer License application accompanied by a check in the amount of \$500.00 and "abutter's list" labels.

Kindly return, if approved, to my office the License on behalf of my client A/E Auto.

Thank you.

Very truly yours,



David J. L'Esperance

djl/1
enclosures
cc: A/E Auto

Massachusetts



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 61115195

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: July 22nd, 2011

That we, A&E AUTO REPAIR INC, as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

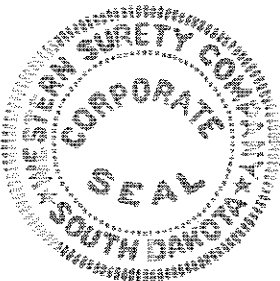
PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at 93 HIGHLAND AVE, SOMERVILLE, MA 02143

by First Class U.S. Mail.

Address

Dated this 22nd day of July, 2011.



A&E AUTO REPAIR INC, Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Brufat
Paul T. Brufat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Senior Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Second Hand Motor Vehicle Dealer

bond with bond number 61115195

for A&E AUTO REPAIR INC

as Principal in the penalty amount not to exceed: \$ 25,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Senior Vice President with the corporate seal affixed this 22nd day of July, 2011.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By

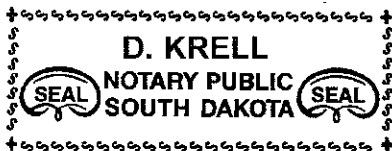
Paul T. Bruflat

Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 22nd day of July, 2011, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires November 30, 2012

D. Krell

Notary Public

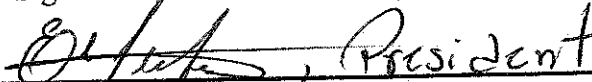


**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

A/E Auto Repair, Inc.

*Signature of Individual or Corporate Name (Mandatory)

 President

By: Corporate Officer (Mandatory, if a corporation)

27-4431119

**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: A/E Auto Repair, Inc.

Address of taxpayer/applicant's business in Somerville: 13 Joy Street

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-666-0713 evening: 781-350-8880

I, (print name) Eliane F. Ferreira, 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 29th day of

July, 20 11. *[Signature]*
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>8979</u>	# <u>145074001</u> <u>145056011</u>	# <u>32011037</u>	# _____

NOTES:

CLERK'S INITIALS: *[Signature]*

ORIGINAL STAMP:

received
8-10-11

**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: A/E Auto Repair, Inc.
 Address: 13 Joy Street
 City: Somerville State: MA Zip: 02143 Phone #: 617-666-0713

- I am an employer with _____ employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Nonprofit
 We are a nonprofit organization staffed by volunteers and have no employees. Entertainment
 Manufacturing
 Health Care
 Other _____

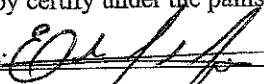
Workers' compensation insurance information (if applicable):

Insurance Company Name: Granite State Insurance Company
 Address: c/o Amazonia Ins. 66 Bow Street
 City: Somerville State: MA Zip: 02143 Phone #: _____
 Policy #: WC 009-94-7404 Expiration Date: 04/09/12

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:  Date: 07/29/2011
 Print Name: A/E Auto Repair, Inc.

by: Eliane F. Ferreira

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 _____

GRANITE STATE INSURANCE COMPANY
13102

0074530-00

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.

CHARTIS

A&E AUTO REPAIR INC
13 JOY ST
SOMERVILLE, MA 02143-0000

A Chartis company

EXECUTIVE OFFICES:
175 Water Street
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

LDF MA UI#:

PRODUCERS

WORKERS COMPENSATION AND EMPLOYERS
LIABILITY POLICY INFORMATION PAGE

AMAZONIA INSURANCE AGENCY
66 BOW ST
SOMERVILLE, MA 02143-2910

INSURED IS
CORPORATION

PREVIOUS POLICY NUMBER
NEW

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2 POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address FROM 04/09/11 TO 04/09/12

ITEM 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the state listed here:
MA

B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in Item 3.A.
The limits of our liability under Part Two are:
Bodily Injury by Accident \$ _____
Bodily Injury by Disease \$ _____
Bodily Injury by Disease \$ _____

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
SEE ENDORSEMENT - WC200306A

D. This policy includes these endorsements and schedules:
SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612

ITEM 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.

Classifications	Code Number	Premium Basis Total Remuneration	Rate	Amount
SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754 TAXES/ASSESSMENTS/SURCHARGES		<input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3 Year		

EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE) \$338 MA

MINIMUM PREMIUM \$265 MA TOTAL ESTIMATED ANNUAL PREMIUM

If indicated below, interim adjustments of premium shall be made:

Semi-Annually Quarterly Monthly DEPOSIT PREMIUM

04/21/11 ASSIGNED RISK

66

Issue Date Issuing Office Authority

TRINGALE, FRANK A JR
3 CONNORS DRIVE
WOBURN MA 01801

TAURO REALTY TRUST
RR DCP EA TAURO
182 WASHINGTON STREET
SOMERVILLE, MA 02143

CCC FOUR JOY LLC
PO BOX 435
137 WASHINGTON STREET
SOMERVILLE, MA 02143

SACCO JOHN & JOAN
10819 CORNWALL LANE
MISSOURI CITY, TX 77459

ROMANOW ROBERT TRUSTEE
ROMANOW REAL ESTATE TRUST
1010 MEMORIAL DRIVE #5F
CAMBRIDGE, MA 02138

TAURO REALTY TRUST
TAURO EDWARD & PATRICK
PO BOX 153
SOMERVILLE, MA 02143

TAURO RONALD A & EDWARD
TRSTS
TAURO REALTY TRUST
182 WASHINGTON ST-PO BOX 153
SOMERVILLE, MA 02143

AREC 8 LLC
2727 NORTH CENTRAL AVENUE
PHOENIX AZ 85004

BOSTON EDISON CO
PROPERTY TAX DEPT
PO BOX 567
NORWOOD MA 02062

HEERB CHAMBERS SOMERVILLE
CORP
C/O CHAMBERS MOTORCARS
259 MCGRATH HWY-PO BOX 45408
SOMERVILLE, MA 02145-0004

TAURO RONALD & EDWARD TRTS
TAURO REALTY TRUST
PO BOX 153
SOMERVILLE, MA 02143

SINGH SANTOKH
KAUR MANJEET
324 MCGRATH HWY
SOMERVILLE, MA 02143

PEREIRA MARCELO CARLOS
318 MCGRATH HWY #1
SOMERVILLE, MA 02143

DASILVA VERA
314 MCGRATH HWY
SOMERVILLE MA 02143

TAURO RONALD R & EDWARD A
TRS
182 WASHINGTON STREET
PO BOX 153
SOMERVILLE, MA 02143

TRUST REALTY TAURO
DAVID & EMILY TAURO TRUST
69 EAST STREET
MELROSE MA 02176

TAURO EDWARD & RONALD
TRUSTEES-
TAURO REALTY TRUST
PO BOX 153
SOMERVILLE, MA 02143