



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**HILLSIDE JAGUAR INC**  
45 MYSTIC AVE  
SOMERVILLE, MA 02145

License #: **903**  
Fee: **550.00**  
Account ID: **620**  
Reference #: **903**

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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For <b>HILLSIDE SERVICE CENTER</b> Business Location: <b>45 MYSTIC AVE</b> Business Phone: <b>617-623-7388</b>	
License Holder: <b>HILLSIDE JAGUAR INC</b> <b>45 MYSTIC AVE</b> <b>SOMERVILLE, MA 02145</b> <b>617-623-7388</b>	
Mailing Address: <b>HILLSIDE JAGUAR INC</b> <b>SOMERVILLE, MA 02145</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - LORRAINE BOUDREAU</b> <b>TREASURER - LORRAINE BOUDREAU</b>	
FID: <b>042917732</b>	
Food Manager/Emergency Contact: <b>ROBERT BOUDREAU</b> <b>617-923-2420</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

**10 VEHICLES**

Description of Location and/or Other Conditions:

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
DEC 11 A 10:09

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: *Robert Boudreau* Date: 11/11/12  
Print Name: Robert Boudreau Phone: 6176237388

# IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Hillside Service Center  
Somerville Address and Zip Code: 45 Mystic Ave 02145  
Phone Number of the Business: 617 623 7388

The Legal Name of the License Holder: Re Hillside Jaguar, Inc  
Street Address of the License Holder: 45 Mystic Ave  
City, State and Zip Code of the License Holder: Somerville MA 02145  
Phone Number of the License Holder: 617 623 7388


Where We Should Send Mail: Name: Robert Boudreau  
Street Address: 139 Hillside Rd  
City, State and Zip Code: Watertown MA 02472

Federal ID # (Do Not Give a Social Security #): 04-2817 732

Emergency Contact and his/her Phone Number: Kathy Boudreau 617 438 7381

Type of Business (Check Only One and Print the Names Indicated):  
 Sole Proprietor: Name of Owner: \_\_\_\_\_  
 Partnership (inc. LLP): Name of Partnership: \_\_\_\_\_  
Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
 Trust: Name of Trust: \_\_\_\_\_  
Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
 Corporation: Name of Corporation: Hillside Jaguar, Inc  
Name of President: Robert Boudreau  
Name of Secretary: Lorraine Boudreau Name of Treasurer: Lorraine Boudreau  
 LLC: Name of LLC: \_\_\_\_\_  
Names of All Managers: \_\_\_\_\_  
Other (Attach a Description of the Form of Ownership and the Names of the Owners): \_\_\_\_\_

**ACKNOWLEDGEMENT:** 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 Somerville Licensing Commission.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 11/14/12

**HILLSIDE SERVICE CENTER**

A.A. Dority Co

12/13 renewal

10/31/2012

14353

250.00

1060 . New Brookline

250.00

DELUXE CORP 1-800-328-0304 www.deluxeforms.com

**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

10/16/2012  
Renewal

*Surety Bonds Since 1899*  
TAX ID# 04-2006385

Ask for DICK or PHIL CRAWFORD  
**Returned Check will incur a \$30 Fee**

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

Invoice No.	DATE OF CHARGE	BOND DESCRIPTION	
505475	12/31/2012	Hillside Jaguar Inc. (\$25,000.00) MA Used Car Dealer 12/31/2012 - 12/31/2013 City of Somerville, MA NGM Bond No. S-244435	\$250.00

Robert Boudreau, Owner  
Hillside Jaguar  
45 Mystic Avenue  
Somerville, MA 02145

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

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City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Hillside Jaguar, Inc

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

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

Taxpayer/applicant's phone: day: 617 623 7388 evening: 617 923 2420

I, (print name) Robert Boulean, 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 14 day of November, 2012. [Signature]  
(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: \_\_\_\_\_

# 2066611/10694      # 102013001      # 912      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED  
6/12-11-12



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Robert Boldrean  
Address: 18 45 Lyote Ave  
City: Norwell State: MA Zip: 02145 Phone #: 617 623 7388

- |  |                |  |
|--|----------------|--|
| <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: Mass Retail Merchants W.C. group, Inc.  
Address: P.O. Box 859222-9222  
City: Braintree State: MA Zip: 02185 Phone #: 800-211-4217  
Policy #: 014005031604112 Expiration Date: 1/1/13

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: [Signature] Date: 1/14/12  
Print Name: ROBERT BOLDRAN

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 #: _____	

(revised Jan. 2008)