

17 AUTOS

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 11-39-11
Amount Paid 550.00

Date 11-23-11

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: Leins Auto Repair Inc. Phone: 617-623-9000

Business Location (with Zip Code): 65 1/2 Bow St. Somerville MA 02143

Applicant's Legal Name: _____

Applicant's Address (with Zip Code): _____

Applicant's Email Address: leinsauto@yahoo.com

Applicant's Federal Employer Identification Number: 542-08-0683

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

Mailing Address (with Zip Code): _____

Emergency Contact: Luis Leins Phone: 617-623-9000

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: Luis Leins

Address with Zip Code: 65 1/2 Bow St. Somerville MA 02143

Partner's/Member's/Secretary's Name: Luis Leins

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: Luis Leins

Address with Zip Code: _____

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: Lains Auto Repair Inc.

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 Somerville, MA,
Previous years

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: Lot 65-71 Bow St.

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: [Signature] Date 11-23-11

Business Name: Leins Auto Repair Inc.

Business Address: 65 1/2 Bow St, Somerville MA 02143

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: _____

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666
Fax: 1-605-335-0357
Email: uwservices@cnasurety.com

Bond/Policy#: 0601 69606396
Billing Date: 10/28/2011
Due Date: 01/01/2012

LEINS AUTO REPAIR
65 1/2 BOW ST.
SOMERVILLE, MA 02143

Premium: \$250.00

Amount Due: \$250.00

Bond/Policy#: 0601 69606396
Effective Date: 01/01/2012 Anniversary Date: 01/01/2013
Bond amount: \$25,000.00
Name: LEINS AUTO REPAIR
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: (508)378-1166 **Colburn Group, L L C**
Agency: 20-18386 **P.O. Box 10**
 Marion, MA 02738

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666.

CNA Surety

Amount Due: \$250.00

Bond/Policy#: 0601 69606396 Effective Date: 01/01/2012
Name: LEINS AUTO REPAIR
Description: MA SECOND HAND MOTOR VEHICLE DEALER
Written By: WESTERN SURETY COMPANY
Agency: 20-18386 Colburn Group, L L C

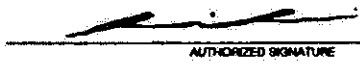
Check here if changes needed and explain below.

Make Check Payable To CNA Surety

CNA Surety
P.O. Box 802876
Chicago, IL 60680-2876

Check Image

Print

Leins Auto Repair Inc. 65 1/2 Bow Street Somerville, MA 02143 (617) 623-9000		CITIZENS BANK MASSACHUSETTS 5-7017-2110	11602 11/10/2011
PAY TO THE ORDER OF	CNA Surety		\$ **250.00
Two Hundred Fifty and 00/100*****			DOLLARS
MEMO	CNA Surety 8137 Innovation Way Chicago, IL 60682-0081	 AUTHORIZED SIGNATURE	
⑆011602⑆ ⑆211070175⑆ 1107099487⑆			

<p>PrivateBank CHI dep. to cr. payee abs. of end. gtd. >>071006486<< 20111114 0710064862207941 802876</p>	<p>Security Feature. Details on back.</p>
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CLOSE

This is an image of an item (check, substitute check, or debit memo) which has posted to your account. Items resulting in a non-sufficient funds situation may not have been paid. Unpaid items will show as a credit item in your account history on the business date following the date the item was presented.

**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.

Leins Auto Repair INC.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

542-08-0683

**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: Leins Auto Repair Inc.

Address of taxpayer/applicant's business in Somerville: 69-71 Bow St

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

Taxpayer/applicant's phone: day: 617-623-9000 evening: 617-669-2198

I, (print name) Luis Leins, 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 23 day of

November, 20 11. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate 1798 Water/Sewer Personal Property Other: _____
~~1537083~~ # 232058001 # ~~30052446~~ # _____

NOTES:

CLERK'S INITIALS: UR ORIGINAL STAMP:

RECEIVED
UBanows
11-23-11

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: Leins Auto Repair Inc.
Address: 65 1/2 Bow St. Somerville MA 02143
City: Somerville State: MA Zip: 02143 Phone #: 617-623-9000

- 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. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National Insurance Group
Address: 180 Converse St.
City: New Hartford State: NY Zip: 13413 Phone #: 781-322-2350
Policy #: 4265993 Expiration Date: 11-25-2012

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: [Signature] Date: 11-23-11
Print Name: Luis Leins

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)

