

Ø CARS

### SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00      2010 AUG 18 P 3: 20

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	8/18/10
Amount Paid	500

Date Aug 9, 10 CITY CLERK'S OFFICE  
SOMERVILLE, MA

New Application      Check one:     Class 1     Class 2     Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: A+ Auto Body      Phone: 617-776-4500

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 297 Medford St. Somerville Ma 02143

Tax Identification Number: 043160822      Check one:     SSN     FEIN

Mailing Name (where we should send correspondence to): A+ Auto Body

Address with Zip Code: 297 Medford St Som. Ma 02143

Property Owner Name: John Fragione      Phone: 617-776-4500

Address with Zip Code: 297 Medford St Som. Ma 02143

Emergency Contact 1: Agostino Feska      Phone: 617 480 3553

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_

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

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: AT

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 \_\_\_\_\_

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:

10000 sq FSC T

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 8/9/10

Business Name: A+ Auto Body

Business Address: 297 Medford 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

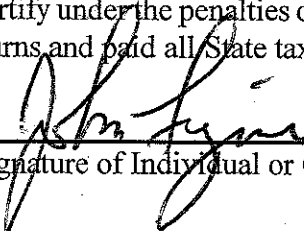
\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

**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.

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

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

043160822  
\_\_\_\_\_  
\*\*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 Plus Auto Body

Address of taxpayer/applicant's business in Somerville: 297 Medford St Som. 021

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

Taxpayer/applicant's phone: day: 617-776-4300 evening: \_\_\_\_\_

I, (print name) John Fragione, 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 9 day of August 9, 10, 20 10. John Fragione  
(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: \_\_\_\_\_  
# 08307155      # 118044001      # 30057242      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP: **received**  
UB  
8-18-10

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+ Auto Body  
Address: 297 Medford St  
City: SOMERVILLE State: Ma Zip: 02143 Phone #: 617 776-4500

- |  |  |
|--|--|
| <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 type="checkbox"/> Other _____                                   |

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers  
Address: 2420 Lakemont Ave Ste 100  
City: Orlando State: FL Zip: 32814 Phone #: \_\_\_\_\_  
Policy #: 7PJUB-4209P91-A-10 Expiration Date: 4-29-11

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: 8-9-10  
Print Name: JOHN FRAGIONE

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 _____