

2 AUTOS

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$550.00
2011 NOV -1 P 12:49
CITY CLERK'S OFFICE
SOMERVILLE, MA

Date 10-26-2011

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: TECH AUTO BODY Phone: (617) 628-0232

Business Location (with Zip Code): 9 UNION SQ SOMERVILLE, MA 02143

Applicant's Legal Name: GEMICAR, INC

Applicant's Address (with Zip Code): 9 UNION SQ SOMERVILLE, MA 02143

Applicant's Email Address: TELHAUTOBODY@GMAIL.COM

Applicant's Federal Employer Identification Number: 04-3356068

Mailing Name (where we should send correspondence to): GEMICAR, INC

Mailing Address (with Zip Code): 9 UNION SQ. SOMERVILLE MA 02143

Emergency Contact: GEORGE MIHOS Phone: (617) 650-1819

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: GEORGE H. MIHOS

Address with Zip Code: 111 BONHAM ROAD - DEDHAM, MA 02026

Partner's/Member's/Secretary's Name: GEORGE H. MIHOS

Address with Zip Code: 111 BONHAM ROAD - DEDHAM, MA 02026

Partner's/Member's/Treasurer's Name: GEORGE H. MIHOS

Address with Zip Code: 111 BONHAM ROAD - DEDHAM, MA 02026

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: TECH AUTO BODY

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:

3,000 Sq. Garage interior space with office and 8 cars outside parking

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: [Handwritten Signature] Date: 10/26/11

Business Name: GEMICAR, INC d/b/a TECH AUTO BODY

Business Address: 9 Union Sq 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

COPY Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND (Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 69626279

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: December 4, 2003

That we, Gemicar, Inc. and Tech Auto Body, 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.

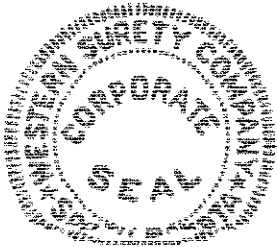
WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

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 8th day of December, 2003.



Gemicar, Inc. and Tech Auto Body _____, Principal

By: _____

WESTERN SURETY COMPANY, Surety
GARY B. B...

CNA SURETY

CNA Plaza, Chicago IL 60685-0001

Jennifer B. Schaller
Counsel
Telephone 312-822-7049
Facsimile 312-755-3737

Re: Second Hand Motor Vehicle Dealer Bond Certificate of
Continuance for Western Surety Bonds

Western Surety is an underwriting company of CNA Surety and we are contacting your office because several of our bond principals received correspondence indicating the need for a Certificate of Continuance for their Second Hand Motor Vehicle Dealer Bonds issued by Western Surety.

Western Surety's standard bond form expressly states: "This bond shall be continuous and may be cancelled by the Surety by giving (30) days' written notice of cancellation to the municipal licensing authority at (address) by First Class Mail." (emphasis added)." Since, Western Surety's bond form is continuous, it would be inappropriate for Western Surety to issue a Continuation Certificate.

The Commonwealth of Massachusetts, Registry of Motor Vehicles has reviewed Western Surety's bond form and has clearly stated that municipalities do not need to require additional evidence that the bond is in effect. (See attached letter from Attorney William McVey dated November 19, 2004).

If you have any questions, or we can be of any further assistance, please feel free to contact me at (312) 822-7049.

Sincerely,

Jennifer B. Schaller

Jennifer B. Schaller



The Commonwealth of Massachusetts

Registry of Motor Vehicles

One Copley Place, Boston, 02116

Kimberly Hindon
Registrar

Mail
P.O. Box 199100
Boston, MA 02119-0100
www.state.gov/mv

November 19, 2004

Jennifer B. Schaller, Esq.
Law Department
CNA Surety, 13th Floor
CNA Plaza 13 South
Chicago, IL 60685

Re: Western Surety Company Bond for Massachusetts

Dear Attorney Schaller:

1. This is in response to your inquiry concerning the bond required by Class 2 motor vehicle dealers in Massachusetts. You have indicated that licensing authorities in some municipalities have insisted that dealers attempting to renew a "Class 2 Dealer's License" must provide proof that the dealer's existing bond is still valid and will remain so throughout the renewal term of one calendar year (January 1, to December 31).

2. Chapter 422 of the Acts of 2002 does state that:
A municipal licensing authority shall not issue or renew a Class 2 license unless it is satisfied that a bond or equivalent proof of financial responsibility meeting the requirements of this section is in effect during the term under which the license shall be issued or renewed....

3. I have reviewed a copy of a bond you have provided which is issued by Western Surety Company (apparently a related company to CNA). The Form Number of the Western Surety Second Hand Motor Vehicle Dealer Bond is F6333-7-2003 and you have provided oral assurance that this is the only bond form used in Massachusetts by Western Surety Company for Class 2 dealers.

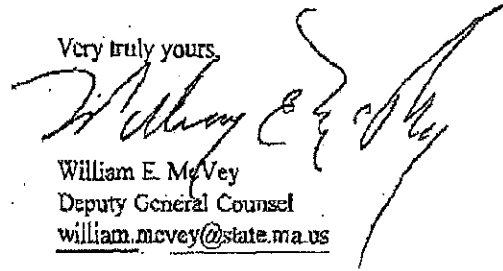
4. The last paragraph of the Western Surety Second Hand Motor Vehicle Dealer Bond states:

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 _____ by First Class U.S. Mail.

5. Based upon the wording contained in the Bond as stated in paragraph # 4, the Registrar is satisfied that the above identified Western Surety Second Hand Motor Vehicle Dealer Bond (F6333-7-2003) provides continuous coverage under the law (unless the municipality is notified of cancellation). As such, a municipality in Massachusetts that is processing a renewal for a Class 2 Dealer License from a dealer who has a Western Surety Second Hand Motor Vehicle Dealer Bond (F6333-7-2003) on file with the municipality, should not require additional evidence that the bond is still valid.

6. I trust this is responsive to your inquiry.

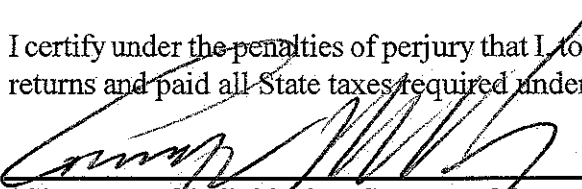
Very truly yours,



William E. McVey
Deputy General Counsel
william.mcvey@state.ma.us

**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)

George H. Mihos (President)

By: Corporate Officer (Mandatory, if a corporation)

04-3356068

**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: GEMICAR, INC D/B/A TECH AUTO BODY

Address of taxpayer/applicant's business in Somerville: 9 UNION SQUARE

Address of taxpayer/applicant's home in Somerville: 9 UNION SQUARE

Taxpayer/applicant's phone: day: (617) 628-0232 evening: (617) 650-1819

I, (print name) GEMICAR, INC D/B/A TECH AUTO BODY, 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 26th day of October, 2011, [Signature] (Taxpayer's signature) (President)

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: _____

04193103 # 120079111 # 1237 # _____
 NOTES: 1488 120079001

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED
11-1-11

**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: GEMICAR, INC, D/B/A TECH AUTO BODY
 Address: 9 UNION ST
 City: Somerville State: MA Zip: 02143 Phone #: (617) 628-0232

- I am an employer with 3 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 Auto Body / Auto Sales

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS
 Address: 2420 LAKEMONT AVE STE 100, ORLANDO FLORIDA 32814
 City: _____ State: _____ Zip: _____ Phone #: 1-800-832-7839
 Policy #: UB-9581L167 Expiration Date: 11-04-12

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: [Signature] Date: 10/26/11
 Print Name: George H. Mikos (President)

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

(revised Jan. 2008)