

5 STARS IN

# SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00 \_\_\_\_\_

Date 11/9/10 \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	2010 DEC - 7 P 1:09
Amount Paid	\$500 - CITY CLERK'S OFFICE SOMERVILLE, MA

New Application  
 Renewing Application with Additions or Changes  
 Renewing Application with NO Additions or Changes

Check one:  Class 1     Class 2     Class 3

Business Name: Herb Chambers I-93 Inc Phone: 617 666 4100

Business DBA Name (if applicable): Smart center Boston

Address with Zip Code: 259 McGrath Highway 02143

Tax Identification Number: 061335996 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Address with Zip Code: Same

Property Owner Name: Herbert G Chambers Phone: 617 666 4100

Address with Zip Code: 259 McGrath Highway 02143

Emergency Contact 1: Jeff Davis Phone: 617 549 3818

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: Herbert G Chambers

Address with Zip Code: 259 McGrath Highway 02143

Partner's/Member's/Secretary's Name: Bruce H. Slatz

Address with Zip Code: 47 Eastern Blvd. Glastonbury, CT 06033

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): Smart USA

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: \_\_\_\_\_

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: all areas of

Building

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:

Mon-Thur 7AM to 9PM Fri 7AM to 7PM

Sat 11AM to 5PM Sun 11AM to 5PM

**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 11.9.10

Business Name: Herb Chambers Inc / Smart Center Boston

Business Address: 259 McVernon Highway 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.

Herb Chanse I-93 Inc / Smart Center Boston

\*Signature of Individual or Corporate Name (Mandatory)

Bill VICE-PRESIDENT / SECRETARY

By: Corporate Officer (Mandatory, if a corporation)

06 1335956

\*\*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: Herb Chambers I-93 Inc

Address of taxpayer/applicant's business in Somerville: 259 North Highway

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

Taxpayer/applicant's phone: day: 617 666 4000 evening: \_\_\_\_\_

I, (print name) Herbert Chambers, 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 Nov, 2010. [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>1358084</u>                     | <u>145051001</u><br># <u>145051001</u> | <u>3005221</u><br># <u>30050260</u><br><u>30056810</u> | # _____                               |

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: **received**  
UBarrow  
12-9-10

**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: Herb Chambers Inc  
 Address: 255 McGrath Highway  
 City: Somerville State: MA Zip: 02140 Phone #: (617) 666-4100

- I am an employer with 100 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: Liberty Mutual Ins  
 Address: 175 Berkeley St  
 City: Boston State: MA Zip: 02116 Phone #: 781 939 2034  
 Policy #: WA 7-71D-257840-029 Expiration Date: 9/30/11

**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: 11-9-10  
 Print Name: Herbert G Chambers

**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