



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2015 NOV 18 P 1:30

Application to Renew Used Car Dealer License

CITY CLERK'S OFFICE
SOMERVILLE, MA

SOUHAIL BERBARA
565 PLEASANT ST
NORWOOD MA 02062

License #: BL15-001121
File #: 15-477
Fee: 550

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: SIMON'S AUTO SERVICE Business Location: 166 BOSTON AVE Business Phone: 617-628-8383 | |
| License Holder: SOUHAIL BERBARA 565 PLEASANT ST NORWOOD MA 02062 | |
| Mailing Address: SOUHAIL BERBARA 565 PLEASANT ST NORWOOD MA 02062 | |
| Business Type: Sole Proprietor SOUHAIL BERBARA | |
| FID: 445105632 | |
| Emergency Contact: SOUHAIL BERBARA Phone: 781-888-4203 | |
| Dealership Class: Class 2 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 3 Proposed Hours of Operation if operating outside standard hours: mo- fr 8 am- 6 pm, sa 8 am- 2 pm | |

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:  Date: 11-04-2015

Printed Name: SOUHAIL BERBARA Phone: 781-888 4203

BOND DEPARTMENT

AGENCY: 20-1112 Hub International Ne Llc

| | |
|---------------------------------|----------------------|
| CONTINUATION CERTIFICATE | BOND S-835047 |
|---------------------------------|----------------------|

Principal:

Simons Auto Service
166 Boston Ave
Somerville, MA 02144

Obligee:

City of Somerville
City Hall
93 Highland Ave
Somerville MA 02143

Bond Term in Months: 12

Effective Date: 10/15/2015

Expiration Date: 10/15/2016

Penalty Amount: \$25,000

Type of Bond: License

Classification: Used Motor Vehicle Dealer MA

Remarks:

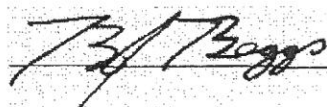
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above continuation effective date".

NGM INSURANCE COMPANY

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Direct Bill



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SIMON'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 166 BOSTON AVE

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

Taxpayer/applicant's phone: day: 617-628 2323 evening: 781-888 4203

I, (print name) SOUHAIL IBERBARA, 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 FOURTH day of NOVEMBER, 2015. _____
(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: _____

1715 # N/A # 90 # _____

NOTES:

CLERK'S INITIALS: WR

ORIGINAL STAMP: _____

11-18-15

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: SOUHAIL BERBARA
Address: 166 BOSTON AVE
City: ROHMERVILLE State: MA Zip: 02144 Phone #: 617-628-8383

- | | |
|--|--|
| <input checked="" type="checkbox"/> I am an employer with <u>0</u> employees (full and/or part time). | Business Type: <input checked="" 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: A.I.M. MUTUAL INSURANCE COMPANY
Address: 54 THIRD AVENUE
City: BURLINGTON State: MA Zip: 01803 Phone #: 800-876 2765
Policy #: AWC-400-7016220-2015A Expiration Date: 01-06-2016

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: 11-04-2015

Print Name: SOUHAIL BERBARA

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 #: _____ | |

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE

A.I.M. Mutual Insurance Company
54 Third Avenue, Burlington, Massachusetts 01803-0970
(800) 876-2765

NCCI NO 26158

POLICY NO. AWC-400-7016220-2015A
PRIOR NO. AWC-400-7016220-2014A

ITEM

1. The Insured: Souhail Barbara
DBA: Simon's Auto Service
Mailing address: 166 Boston Avenue
Somerville, MA 02144

FEIN: **-***5632

Legal Entity Type: Sole Proprietor

Other workplaces not shown above:

2. The policy period is from 01/06/2015 to 01/06/2016 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA
- B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

The limits of liability under Part Two are:

| | | | |
|---------------------------|----|---------|---------------|
| Bodily Injury by Accident | \$ | 100,000 | each accident |
| Bodily Injury by Disease | \$ | 500,000 | policy limit |
| Bodily Injury by Disease | \$ | 100,000 | each employee |

C. Other States Insurance: Coverage Replaced by Endorsement WC 20 03 06 B

D. This Policy includes these Endorsements and Schedules: SEE SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

| Classifications | | Premium Basis | Rates | |
|-----------------|----------|-------------------------------------|---------------------------|--------------------------|
| | Code No. | Estimated Total Annual Remuneration | Per \$100 Of Remuneration | Estimated Annual Premium |
| INTRA | 322351 | | | |
| INTER | | SEE CLASS CODE SCHEDULE | | |

Minimum Premium \$273

| | |
|-------|-------|
| GOV | GOV |
| STATE | CLASS |
| MA | 8380 |

Total Estimated Annual Premium \$273
Deposit Premium \$273

State Assessments/Surcharges
\$.00 x 5.8000% \$

This policy, including all endorsements, is hereby countersigned by


Authorized Signature

12/18/2014
Date

Service Office:
54 Third Avenue
Burlington MA 01803

Nicholas A Consoles Insurance Agency Inc
153 Andover Street Suite 208
Danvers, MA 01923

WC 00 00 01 A (7-11)

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