



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): Kawasaki, Yamaha, Ducati, Triumph

Husqvarna, Aprilia

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: Doms. Motor Service

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 Since 1980 Somerville MA

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: 2 Union St.

337 Somerville Ave

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 12/8/11

Business Name: Doms Motor Service DBA RiverStops

Business Address: 2 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: \_\_\_\_\_

**CONTINUATION CERTIFICATE**

(to be filed with the obligee)

MA 1098                      25,000                      MOTOR VEH DLR - USED  
BOND NO.                      AMOUNT                      DESCRIPTION  
OBLIGEE CITY OF SOMERVILLE

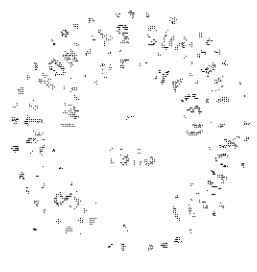
THE MERCHANTS BONDING COMPANY (MUTUAL), Des Moines, Iowa, hereby continues in force Bond for  
PRINCIPAL DOM'S MOTOR SERVICE INC  
DBA RIVERSIDE KAWASAKI YAMAHA

All liability under this Continuation Certificate is effective 11/19/11 and terminates midnight 11/19/12

This continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed in the aggregate the largest single amount named in the Bond, the endorsement attached thereto, or any continuation certificate.

Witness the signature of its President under the corporate seal on 09/01/11

Attest:  
William Warner Jr  
Secretary



MERCHANTS BONDING COMPANY (MUTUAL)  
Larry Taylor  
President

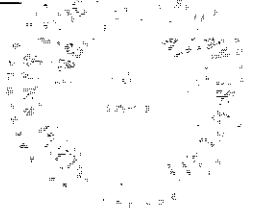
**CERTIFICATION**

I hereby certify that the following is a true and correct copy of Section 7 and Section 9 of Article 2 of the Amended and Substituted By-laws of Merchants Bonding Company (Mutual) duly adopted and recorded to-wit: Section 7 - "The Chairman of the Board or President or any Vice President or Secretary or Treasurer or any Assistant Vice President or any Assistant Secretary shall have power and authority to execute on behalf of the Company and attach the Seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof" and Section 9 - "The signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed".

I further certify that the following are duly elected officers of the Company: Larry Taylor, President; and William Warner, Jr., Secretary.

IN TESTIMONY WHEREOF, I have hereunto set my hand as President and affix the Corporate Seal of the MERCHANTS BONDING COMPANY (MUTUAL) this 1ST day of SEPTEMBER, 2011

Attest:  
William Warner Jr  
Secretary



MERCHANTS BONDING COMPANY (MUTUAL)  
Larry Taylor  
President

On this 1ST day of SEPTEMBER, 2011 before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL), the corporation described in the foregoing instrument, and that the Seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

Witnessed to and subscribed by me on 09/01/11

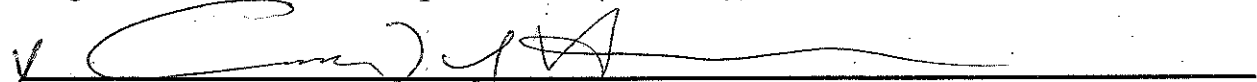
Cindy Smyth  
Notary Public, State of Iowa

**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.

DONS Motor Service Inc.

\*Signature of Individual or Corporate Name (Mandatory)

  
By: Corporate Officer (Mandatory, if a corporation)

04-2370325

\*\*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: Doms Motor Service Inc.

Address of taxpayer/applicant's business in Somerville: 2 Union St. Somerville MA 0214

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

Taxpayer/applicant's phone: day: 617-628-6400 evening: 978-667-3367

I, (print name) Carlo Maurini Hanes 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 8th day of December, 20 01.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate <sup>14882</sup>  Water/Sewer  Personal Property <sup>1234</sup>  Other: \_\_\_\_\_  
# 08303100 # 123077011 # 08950011 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: (Q)

ORIGINAL STAMP:  **RECEIVED**  
12-8-11

**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: Doms Motor Service Inc. DBA Riverside  
 Address: 2 Union Square  
 City: Somerville State: MA Zip: 02143 Phone #: 617-628-6400

- I am an employer with 12 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: New Hampshire Ins. Co.  
 Address: 70 Pine Street  
 City: New York State: NY Zip: 10270 Phone #: Agent # 800-300-4472  
 Policy #: 012438174 Expiration Date: 7/1/12

**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.

X Signature: [Signature] Date: 12/8/11  
 Print Name: Carlo Mangini-Hansen

*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