



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**JOHN'S AUTO SALES INC  
181 SOMERVILLE AVE  
SOMERVILLE, MA 02143**

License #: **10**

Fee: **550.00**

Account ID: **12**

Reference #: **10**

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
Business/DBA Name: <b>JOHN'S AUTO SALES INC</b> Business Location: <b>181 SOMERVILLE AVE</b> Business Phone: <b>617-628-5511</b>	
License Holder: <b>JOHN'S AUTO SALES INC</b> <b>181 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-5511</b>	
Mailing Address: <b>JOHN'S AUTO SALES INC</b> <b>181 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN ELEFThERAKIS</b> <b>SECRETARY - JOHN ELEFThERAKIS</b> <b>TREASURER - JOHN ELEFThERAKIS</b>	
FID: <b>042743707</b>	
Food Manager/Emergency Contact: <b>JOHN ELEFThERAKIS</b> <b>617-512-5511</b>	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **M-R 9-8, F-Sa 9-6, Su 10-4**

**38 VEHICLES**

Description of Location and/or Other Conditions:

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 10/24/13

Print Name: John S. Eleftherakis Phone 617-512-5511

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

## CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number S-245752

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

John's Auto Sales, Inc.

located at

181 Somerville Avenue  
Somerville, MA 02143

in favor of **City of Somerville, MA**

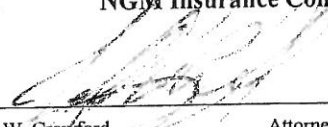
for the term beginning December 31st, 2012 and ending on December 31st, 2015, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 22, 2012

NGM Insurance Company

By: \_\_\_\_\_

  
Jeffrey W. Crawford Attorney-in-Fact  
A. A. DORITY Company, Inc.  
262 Washington Street, Suite 99  
Boston, MA 02108  
(617) 523-2935 Fax: 617-523-1707

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit- General Business**

**Applicant information:**

Name: John's Auto Sales Inc  
 Address: 181 Somerville Ave  
 City: Somerville State: Ma Zip: 02143 Phone #: 617-628-5511

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> I am an employer with _____ employees (full and/or part time).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b><br><input checked="" type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><input type="checkbox"/> Other _____ |
|--|---|

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Technology Insurance Co / Am Trust No. Am.  
 Address: 800 Superior Ave. E / P.O. Box 6939  
 City: Cleveland State: OH Zip: 44114 Phone #: \_\_\_\_\_  
 Policy #: (275092 acct.) policy # TWC 336 846 Expiration Date: 8/10/14

**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.

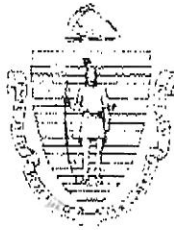
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Handwritten Signature] Date: 10/24/13  
 Print Name: John J. Eleftherakis

*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 #: _____	

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts**

**DEPARTMENT OF INDUSTRIAL ACCIDENTS**

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 – <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22, 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

Technology Insurance Company

NAME OF INSURANCE COMPANY

800 Superior Avenue East, 21st Floor, Cleveland, OH 44114

ADDRESS OF INSURANCE COMPANY

TWC3368616

8/15/2013 to 8/15/2014

POLICY NUMBER

EFFECTIVE DATES

MCM Insurance Agency, Inc.

P.O. Box 435, Minneapolis, MN 55440-0435

(952) 935-1400

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

John's Auto Sales

181 Sommerville Ave, Sommerville, MA 02143

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

**MEDICAL TREATMENT**

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER



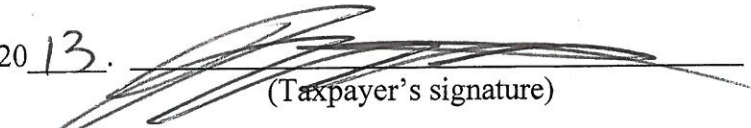


City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: John's Auto Sales, Inc.  
Address of taxpayer/applicant's business in Somerville: 181 Somerville Ave Somerville,  
MA 02143  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617-628-5511 evening: 617-512-5511

I, (print name) John J. Eleftherakis, 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 24<sup>th</sup> day of October, 2013.  
  
(Taxpayer's signature)



**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 11/13/13 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

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

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# \_\_\_\_\_      # 118014041      # 1070      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS:  ORIGINAL STAMP: 

11/13/13