

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Nonrefundable Application Fee \$550.00 2014 JUL 10 A 9:32 FOR CITY CLERK'S OFFICE ONLY
Date 6-25-2014 CITY CLERK'S OFFICE SOMERVILLE, MA Date Recorded 7/10/14
Amount Paid \$550-

New Application Check one: Class 1 Class 2 Class 3
 Renewing Application with Additions or Changes Vehicles stored: inside
 Renewing Application with NO Additions or Changes outside

Business (DBA) Name: SIMON'S AUTO SERVICE Phone: 6176288383

Business Address (in Somerville): 166 BOSTON AVE

Applicant's Federal Employer Identification Number: 44-5105633

Applicant's Legal Name: SOUHAIL BERBARA

Mailing Name (who we should send correspondence to): SOUHAIL BERBARA

Mailing Address (with Zip Code): 565 PLEASANT ST, NORWOOD, MA 02062

Emergency Contact: SOUHAIL BERBARA Phone: 781-8884203

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: SOUHAIL BERBARA

Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

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? YES N

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location? Y __ N NOT YET

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼? YES N __

If yes, provide the name of the repair facility: SIMON'S AUTO SERVICE
166 BOSTON AVE

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 _____

I request permission to store 4 vehicles inside the building, and 3 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

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. 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 Applicant: [Signature] Date 6-25-2014

Business Name: SIMON'S AUTO SERVICE

Business Address: 166 BOSTON AVE

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: 0 inside
3 outside

Signature: JIM AURILIO, ISA / JTC PER Date: 7/10/14
7/10/14 PHONE CALL

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: Charles J. Formica Name and Title: Chief of Police
(PA)

CONSTRUCTION DOCUMENTS
 DESIGN BY ELI SEGAMAN
 17 ETHEL STREET
 ROUEN, MA 02131-4507
 TEL: (617) 469-2115

Revisions

PROPOSED GARAGE
 EXPANSION
 166 BOSTON AVENUE
 SOMERVILLE, MA

Scale: NOTED
 Date: February 02, 09
 Design By: Eli Segaman
 Drawing By: CS
 Checked By: CS
 Job NO: 090209



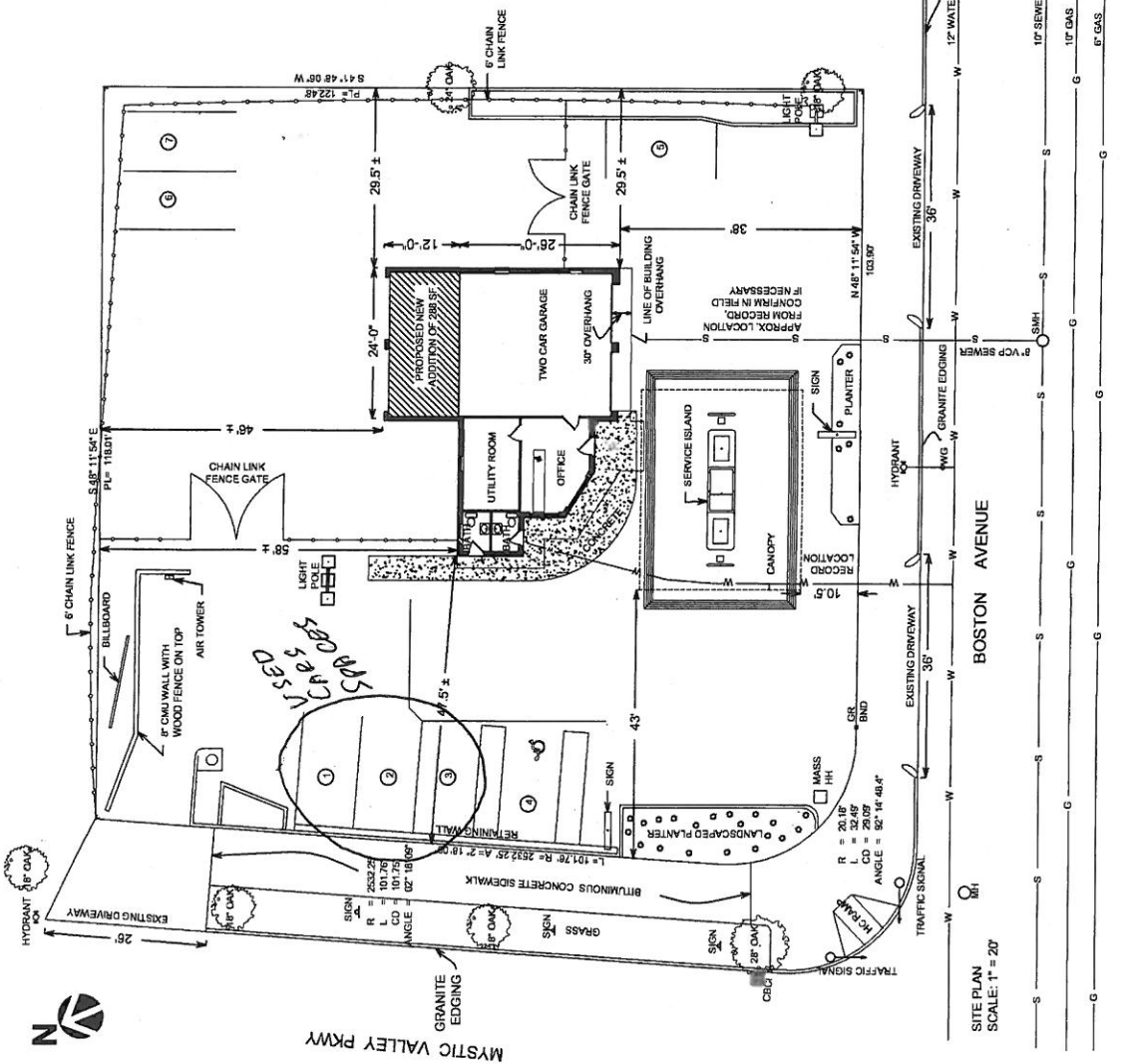
SITE INFORMATION

ASSESSORS MAP 1 BLOCK C LOT 10
 166 BOSTON AVENUE, SOMERVILLE, MASS
 14,592 SQUARE FEET TOTAL AREA
 0.335 ACRES TOTAL LOT AREA
 103.90' x 20.67' = 124.57' TOTAL FRONTAGE
 ON BOSTON AVENUE, ZONED RA (RESIDENCE A)

PROPERTY LINE INFORMATION AND LAYOUT TAKEN FROM PLANS SUPPLIED BY THE OWNER: (1st) PREPARED BY BAYSIDE ENGINEERING ASSOC., INC. 803 SUMMER ST., BOSTON; DATED 11/16/87; SCALE 1" = 10'; REVISED 11/17/87; MODIFIED 11/20/89 AS AN AS-BUILT; AND (2nd) PREPARED BY MUTUAL OIL CO., INC. 863 CRESCENT ST., BROCKTON, MA; DATED FEBRUARY 1985; LATEST PROPERTY LINE AND TOPOGRAPHIC SURVEY PERFORMED BY ANTHONY GUBA, P.E. OF 5 RIVER BEND CIRCLE, EXETER, NEW HAMPSHIRE DATED ON 5 NOVEMBER, 1989 SCALE 1" = 10'; WITH NO REVISIONS NOTED.

ZONING DIMENSIONAL REQUIREMENTS

RESIDENTIAL A	REQUIRED	EXISTING	PROPOSED
MIN LOT AREA	10,000 sq ft	14,592 sq ft	no change
MAX GROUND COVERAGE	50 %	6 %	no change
MIN LANDSCAPED AREA	25 %	.06 %	no change
MAX FLOOR AREA RATIO (F.A.R.)	0.75	.06	09
MAX HEIGHT	35 ft	17 ft	no change
MIN FRONT YARD	15 ft	10.5 ft	no change
MIN SIDE YARD	6 ft (14' R.H.)	29 ft	no change
MIN REAR YARD	20 ft	58 ft	46 ft
MIN FRONTAGE	50 ft	124.56 ft	no change



SITE PLAN
 SCALE: 1" = 20'



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOUMAIL BERBARA

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

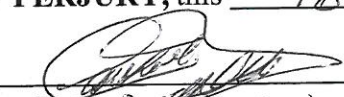
Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 6176228323 evening: _____

I, (print name) SOUMAIL BERBARA, 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 10 day of

JULY, 2014.


(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: _____

1707 # N/A # 55 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:



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: SIMON'S AUTO SERVICE
Address: 166 BOSTON AVE
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 628 8383

- I am an employer with 0 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: A. I. M. MUTUAL INSURANCE COMPANY
Address: 54 THIRD AVE
City: BURLINGTON State: MA Zip: 01803 Phone #: 800-876 2765
Policy #: AWC-400-7016220-2014 A Expiration Date: 01-06-2015

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: 7-08-14

Print Name: SOUHAIL BERRARA

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 _____

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-400-7016220-2014A
PRIOR NO. AWC7016220012013

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 01/06/2014 to 01/06/2015 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	\$	<u>100,000</u>	each accident
Bodily Injury by Disease	\$	<u>500,000</u>	policy limit
Bodily Injury by Disease	\$	<u>100,000</u>	each employee

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

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 \$265

GOV STATE	GOV CLASS
MA	8380

Total Estimated Annual Premium \$265
Deposit Premium \$265

MA Assessment Chg.
\$.00 x 3.4000% \$

This policy, including all endorsements, is hereby countersigned by


Authorized Signature

11/25/2013
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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June 11, 2014

John Long
City Clerk's Office
93 Highland Avenue
Somerville, MA 02143

RE: Simon and Souhail (Sal) Berbara's request for
a Second Hand Motor Vehicle Dealer License
166 Boston Avenue, Somerville, MA 02144

Dear Mr. Long,

I write on behalf of Simon Berbara and Souhail (Sal) Berbara, DBA Simon's Auto Service, 166 Boston Avenue, Somerville, MA 02144. The Berbara Brothers are seeking a "Second Hand Motor Vehicle Dealer License" from the City of Somerville. As I understand it, the plan is to have the license to sell a few cars which will be placed and sold on the Mystic Valley Parkway side of their property.

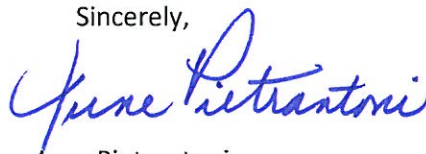
My property is directly across the street from Simon's Auto Service. I have known the Berbara Brothers since they purchased the gas station in 2003. My family and I purchase gas exclusively at Simon's and all repair work on our cars has been handled by the Berbaras since 2003.

I am happy to attest that these businessmen have shown me and the community in which we live the utmost respect-- personally and in the handling of services. They go the extra mile to attend to the needs of patrons. Their property is kept up very well and compliments the neighborhood.

These 2 gentlemen are friendly and professional and their integrity, as I know them, is at the highest level. These are men and a business that we are happy to have in our neighborhood.

I am happy to support their request. If there is further information I can provide, please do not hesitate to contact me

Sincerely,



June Pietrantonio
155 Boston Avenue
Somerville, MA 02144
617-591-9944.