

5 AUTOS.

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

2011 OCT 31

FOR CITY CLERK'S OFFICE ONLY

Date _____

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date Recorded

Amount Paid \$550.00

New Application

Check one:

Class 1

Class 2

Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: BARNES & WALSH CO Phone: 617-625-6900

Business Location (with Zip Code): 224 SOMERVILLE SOMERVILLE MA 02143

Applicant's Legal Name: GEORGE KAZAZIAN

Applicant's Address (with Zip Code): 224 SOMERVILLE AVE SOMERVILLE MA 02143

Applicant's Email Address: N/A

Applicant's Federal Employer Identification Number: 046-400-301

Mailing Name (where we should send correspondence to): BARNES & WALSH

Mailing Address (with Zip Code): 224 SOMERVILLE AVE SOMERVILLE MA 02143

Emergency Contact: MARY KAZAZIAN Phone: 781-894-9412

Type of Business (Check one):

Sole Proprietor

Partnership (inc. LLP)

Trust

Corporation (inc. LLC)

Other

IF A SOLE PROPRIETOR:

Owner's Name: GEORGE KAZAZIAN

Address with Zip Code: 224 SOMERVILLE AVE SOMERVILLE MA 02143

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

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): _____

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: 224 SOMERVILLE AVE SOMERVILLE MA 0314

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 1985 SOMERVILLE MA TO 2011

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: APPROX 5400 SQFT

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:

N/A

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: _____

Business Name: BARNES & WALSH CO.

Business Address: 224 SOMERVILLE AVE 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: _____

CNA

1/28/2011 9:27:03 AM PAGE 1/001

Fax Server

CNA SURETY

PO Box 5077 Sioux Falls SD 57117-5077

1-800-331-6053

Fax 1-605-335-0357

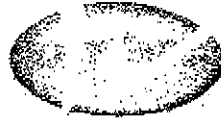
www.cnasurety.comEmail: uwservices@cnasurety.com

January 28, 2011

George Kazazian
dba Barnes & Walsh Co.
224 Somerville Ave.
Somerville, MA 02143

Re: Bond #58532548 - George Kazazian Dba Barnes & Walsh Co.
\$10,000.00 - Motor Vehicle Repair Shop
Company Code: 601 - Western Surety Company

Thank you for the premium payment for the above referenced bond. This document is to serve as notice that payment in full has been remitted for the term of 9-21-10 through 9-21-13. This type of bond remains in full force and effect without a renewal bond or Continuation Certificate. If you have any questions, please contact your local agent.



KW Insurance Group
Vellucci Insurance Agency

Date: 11/7/11

Please Direct Transmission to:

Company: City of Somerville
Person: John Long
RE: Barnes & Walsh bond
FAX#: 617-625-4239

This Transmission contains 2 pages including fax cover.

If for any reason you need to discuss this, please contact the following person in our office.

Thank You,

Jovvann Cafua

Our phone number is 617-492-4150

Our fax number is 617-492-0139

Notes:

11/7/11:
JOVVANN VERBALLY CONFIRMED THAT THERE IS A \$25K
USED CAR DEALERS BOND IN PLACE THROUGH 12/31/12. BECAUSE
ITS A CONTINUOUS BOND, THE INSURANCE COMPANY REFUSES TO
ISSUE PROOF OF ONGOING COVERAGE. - JTL

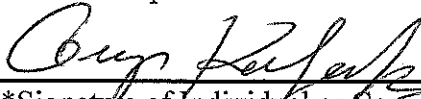
KW Insurance Agency, LLC
657 Cambridge Street
Cambridge, MA 02141
Phone 617-492-4150
Fax 617-492-0139

Vellucci Insurance Agency
657 Cambridge Street
Cambridge, MA 02141
Phone 617-492-4150
Fax 617-492-0139

KW Insurance Agency, LLC
414 Washington Street
Dedham, MA 02026
Phone 781-751-9080
Fax 781-751-9081

**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.

 BARNES & WALSH
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

046-400-301
**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: BARNES & WALSH

Address of taxpayer/applicant's business in Somerville: 224 SOMERVILLE AVE
SOMERVILLE MA 02143

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-6256900 evening: 617-2300367

I, (print name) GEORGE KAZAZIAN, 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 _____ day of

_____, 2011. *George Kazazian*
(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: _____

13547 # 126043011 # 1100 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 **RECEIVED**
Barnes & Walsh
10-25-11

**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: BARNES & WALSH GEORGE KAZAZIAN
 Address: 224 SOMERVILLE AVE.
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-6256900

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input checked="" 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: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: _____ Expiration Date: _____

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: X *George Kazazian* Date: _____
 Print Name: _____

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 |
| Contact Person: _____ | Phone #: _____ | <input type="checkbox"/> Other _____ |