20 AUTOS IN P

SECOND HAND MOTOR VEHICLE DEALE	R LICENSE APPLICATION 2010 DEC 22 A 9 33
Application Fee \$500.00	FOR CITY CLERK'S OFFICE ONLY
Da	nount Paid #500 SOMERVILLE. MA
New Application Check one:	Class 1 \( \sum_{Class 2} \)Class 3
Renewing Application with Additions or Changes	
Renewing Application with NO Additions or Changes	
Business Name: Green automotive	INC. (617) 628-1081
Business DBA Name (if applicable):	Place Somervill
Address with Zip Code: 600 WIN 050r	PIUCE JUNITION
Tax Identification Number: 04-2660134	Check one:SSNFEIN
Mailing Name (where we should send correspondence to):_	
Address with Zip Code:	
Property Owner Name: Marcon Kully	17 VJ Phone: 617 6 28. 27 F
Address with Zip Code: 600 Windsor's	lack somerville, me
Emergency Contact 1: Child Hollo Emergency Contact 2: Kill Tim My I	Phone: 9182133117 Phone: 617435 1979
Emergency Contact 2. Part 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rhone. VIII VS
	Partnership (inc. LLP)Trust  LC)Other
IF A SOLE PROPRIETOR:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORATION (Attag	ch additional sheets as needed):
	Chailu
Address with Zip Code: 600 Windsolf	laa somllum
Partner's/Member's/Secretary's Name:	
Address with Zip Code:	
Partner's/Member's/Treasurer's Name:	V
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 Y_N_ manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?		
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 Y_N_MGL c. 140 § 58, for this business, at this location?		
If yes, do you have access to a repair facility to comply with Y N the warranty obligations imposed by MGL c. 90 § 7N <sup>1</sup> / <sub>4</sub> ?		
If yes, provide the name of the repair facility:		
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		
	· · · · · · · · · · · · · · · · · · ·	
Describe all of the premises to be used in the business:		
The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them		

۹.

#### ACKNOWLEDGEMENT

Signature:

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: Business Name: Business Address: 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: \_\_\_\_outside Signature: Date: Title: Print Name: POLICE DEPARTMENT RECOMMENDATION: The Chief of Police recommends that the application be \_ Approved Denied

Name and Title:

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.

ISSUED THROUGH

## A. A. DORITY COMPANY

BOSTON

Attorney in Fact

### BOND RIDER

To be attached and form a part of MA Used Car Dealer, Bond No. S-245685

dated December 31, 2003, issued by NGM Insurance Company, as Surety,

Green Automotive Inc. 85 Foley Street Somerville, MA, 02143,

as Principal,

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

and in favor of City of Somerville, MA

In consideration of the premium charged for the above referenced bond, it is hereby agreed that the above referenced bond be amended as follows:

Principal's Address is hereby changed to read: 600 Windsor Place; Somerville, MA 02143

Provided, however, that the above referenced bond shall be subject to all its agreements, limitations and conditions except as herein expressly modified, and further that the liability of the Surety under the above referenced bond and the above referenced bond as amended by this rider shall not be cumulative.

This rider shall become effective as of 12/2/2010

Signed, sealed and dated this day, 12/14/2010

NGM Insurance Company

Richard W. Crawford

A. A. Dority Company, Inc. 262 Washington Street, Suite 99

Boston, MA 102108

(617) 523-2935 Fax: 617-523-2935

## MASSACHUSETTS DEPARTMENT OF REVENUE REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

1 certify under the penalties of perjury that 1, to my best knowledge and belief, have fried an State tax
returns and paid all State taxes required under law.
Green automotive Inc
*Signature of Individual or Corporate Name (Mandatory)
By: Corporate Officer (Mandatory, if a corporation)
By: Corporate Officer (Mandatory, if a corporation)
047660974
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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:				
Exact name of taxpayer/applicant's business:				
Address of toyngyer/applicant's home in Somerville				
Taxpayer/applicant's phone: day: 6/7678/01/evening: 6/7675 500				
Taxpayer/applicant's phone: day: 61768101 (evening: 617675 500)  I, (print name) (p				
current on said agreement.				
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this				
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: □ # □ ₩ □ ₩ □ ₩ □ ₩ □ ₩ □ ₩ □ ₩ □ ₩ □ ₩				
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: FUV	automoti	ve 10	10.		
Name: 9 CV	1 40 1 10 7	1100	·	10111	
Address: LO 0	DINASON	1100	JOMO	1010	7
City: JONVI	W State: NF	Zip: 07/43	Phone #: 617	111V 628 108	,
I am an employer with (full and/or part time).  I am a sole proprietor or partiemployees.  We are a corporation that has exemption per c152 s1(4), ar We are a nonprofit organizativolunteers and have no employees.	nership and have no s exercised our right of ad have no employees. ion staffed by	e: Retail Restaurant/Bar	/Eating Establishr Sales (real estate, a	nent	
Workers' compensation insura Insurance Company Name:	nce information (if applica	JARCIA	My WOr	kers co	M
Insurance Company Name.	100 110110	11/1/	3/8 110	2.	
Address: 4	WOOD PIDILO	•	•		-1
City: PUSICIA	State: NJ	Zip: 07054	Phone #: FOO	645 225	9
Policy#: PC 4	476649		Expiration Date:	1/70/	7
Applicant certification:			e <sup>ne</sup>		
Failure to secure coverage as requa fine up to \$1,500.00 and/or one and a fine of \$100.00 a day aga Investigations of the DIA for co	e years' imprisonment as well inst me. I understand that a c	l as civil penalties in	the form of a STO	L MOKK OKDEK	L
I do hereby certify under the pai	ns and penalties of perjury t	hat the information j	provided above is	true and correct.	
Signature:	JINOU,		Date:	0/1	-
Print Name:	Tryl Hora		-		-
					A.
Official use only	v. Do not write in this area.	To be completed by	city or town offic	ial.	
City or Town:	Permit/Licen.	se #:	Bui City Lice	ord of Health Iding Department Town Clerk ensing Board	
	That II			ectmen's Office er	
Contact Person:	Phone #:			ر <u></u>	9

(revised Jan. 2008)