20 AUTOS IN P

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

2010 DEC 22 A 9:33

Application Fee $500.00

Date 11/23/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded CITY CLERK'S OFFICE
Amount Paid #500.- SOMERVILLE, MA

__ New Application Check one: __ Class 1 ✓ Class 2 __ Class 3

__ Renewing Application with Additions or Changes

✓ Renewing Application with NO Additions or Changes

Business Name: Green Automotive, Inc. Phone: (617)628-1081

Business DBA Name (if applicable):

Address with Zip Code: 600 windsor place, somerville

Tax Identification Number: 04-2660924 Check one: __SSN __FEIN

Mailing Name (where we should send correspondence to):

Address with Zip Code:

Property Owner Name: Marron Realty Trust Phone: 617628.2222

Address with Zip Code: 600 Windsor Place, Somerville, MA

Emergency Contact 1: Cheryl Horan Phone: 9782733777

Emergency Contact 2: Karen Tamagna Phone: 6174351979

Type of Business (Check one): __Sole Proprietor __Partnership (inc. LLP) __Trust

✓ Corporation (inc. LLC) __Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

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

Partner's/Member's/President's Name: Gerald Chaille

Address with Zip Code: 600 Windsor Place Somerville

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:_____

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, 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: Donald K Green Date 11-23-10

Business Name: Green Automotive Inc.

Business Address: 600 Windsor Pl, Somerville, MA

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:_____

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

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,
on behalf of

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 refeterenced 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

by: _____

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

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.

Green Automotive Inc

*Signature of Individual or Corporate Name (Mandatory)

Mark K. Cook

By: Corporate Officer (Mandatory, if a corporation)

042660924

**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: Green Automotive

Address of taxpayer/applicant's business in Somerville: 600 Windsor Pl

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

Taxpayer/applicant's phone: day: 6176781081 evening: 6176755000

I, (print name) Gerald Chaile, 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 23rd day of November, 20 10. Gerald K Chaile
(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: ___
# 9800720	# 14002011	# 3000482 0184000	# _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** Received 11-22-10

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: Green Automotive Inc.

Address: 600 Windsor Place Somerville

City: Somerville State: MA Zip: 02143 Phone #: 6176281081

☒ I am an employer with 21 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other_____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Chartis Specialty Workers Comp.

Address: 5 Woodhollow Rd 3rd Floor

City: Parsippany State: NJ Zip: 07054 Phone #: 8006452259

Policy #: WC 4476649 Expiration Date: 1/20/12

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.

Signature: [signature] Date: 11/23/10

Print Name: Cheryl Horan

Official use only. Do not write in this area. To be completed by city or town official.

*City or Town:*_____ *Permit/License #:*_____

☐ *Board of Health*
☐ *Building Department*
☐ *City/Town Clerk*
☐ *Licensing Board*
☐ *Selectmen's Office*
☐ *Other* _____

*Contact Person:*_____ *Phone #:*_____

(revised Jan. 2008)