

26 AUTOS.

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 12/31/10

Amount Paid 500.00

Date 12-14-2010

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: AUTO BROKERS OF SOMERVILLE Phone: _____

182 Washington Street

Business DBA Name (if applicable): Somerville, MA 02143

Address with Zip Code: (617) 625-5969

Tax Identification Number: #043429814 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): AUTO BROKERS OF SOMERVILLE

182 Washington Street

Address with Zip Code: Somerville, MA 02143

Property Owner Name: David Tuvo Phone: (617) 625-5969

Address with Zip Code: 617 293 2010

Emergency Contact 1: Craig Collins Phone: 617 921 9091

Emergency Contact 2: Sara Callemand Phone: 617 953 8565

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Craig J Collins

Address with Zip Code: 182 Washington St Somerville MA

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: _____

CITY CLERK'S OFFICE
SOMERVILLE, MA
DEC 31 11 19 AM '10

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: Souza Auto Repair

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 Somerville MA 10 Years

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:

Entire paved parking lot and office

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: *Joy Keller* Date 12-14-2010
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: _____ 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: _____

ACTOBB1

01/03/11

WASHINGTON
INTERNATIONAL INSURANCE COMPANY

CONTINUATION CERTIFICATE

KNOW ALL MEN BY THESE PRESENTS, THAT:

In consideration of the payment of a renewal premium, WASHINGTON INTERNATIONAL INSURANCE COMPANY, as SURETY, does hereby continue:

Bond Number: SS071400

Effective Date: 01/01/10

Amount of Bond: \$25,000.00

Continued from: 01/01/11 to 01/01/12

On behalf of: Auto Brokers Company

In favor of: State of Massachusetts

Provided, however, that this Continuation Certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond has been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this 3rd day of January, 2011

WASHINGTON INTERNATIONAL INSURANCE COMPANY

By:  _____
James L. Stickle

Title: Attorney-in-Fact

**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.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

043429814

**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: AUTO BROKERS OF SOMERVILLE

Address of taxpayer/applicant's business in Somerville: 182 Washington Street
Somerville, MA 02143
(617) 625-5969

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

Taxpayer/applicant's phone: day: 617-625-5969 evening: C 617-901-9091

I, (print name) Gary J Collins, 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 14 day of Dec, 2010. Gary J Collins
(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: _____
20662200 # 119016021 # No Acc # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
11/25/10

**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: AUTO BROKERS OF SOMERVILLE
 Address: 182 Washington Street
Somerville, MA 02143
 City: (617) 625-5969 State: _____ Zip: _____ Phone #: _____

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with <u>2</u> employees (full and/or part time). | Business Type: <input checked="" type="checkbox"/> Retail |
| <input 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 <u>Salesmen - Sub-Contractor</u> |

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: [Handwritten Signature] Date: 12-14-2010
 Print Name: Rory J Collins

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 #: _____