



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

12-5-2012
CK 12922
\$550

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

JOHN'S AUTO SALES INC
181 SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: 10
Fee: 550.00
Account ID: 12
Reference #: 10

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For JOHN'S AUTO SALES INC Business Location: 181 SOMERVILLE AVE Business Phone: 617-628-5511	
License Holder: JOHN'S AUTO SALES INC 181 SOMERVILLE AVE SOMERVILLE, MA 02143 617-628-5511	
Mailing Address: JOHN'S AUTO SALES INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN ELEFTHERAKIS SECRETARY - JOHN ELEFTHERAKIS	
FID: 042743707	
Food Manager/Emergency Contact: JOHN ELEFTHERAKIS	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **M-R 9-8, F-Sa 9-6, Su 10-4**

38 VEHICLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: [Handwritten Signature] Date: 12/2/12
Print Name: John J. Eleftherakis Phone: 617-628-5511

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: _____
Somerville Address and Zip Code: _____
Phone Number of the Business: _____

The Legal Name of the License Holder: John's Auto Sales Inc.
Street Address of the License Holder: 181 Somerville Ave.
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617-628-5511

Where We Should Send Mail: Name: John's Auto Sales Inc.
Street Address: 181 Somerville Ave.
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 04-2743707

Emergency Contact and his/her Phone Number: John J Eleftherakis 617-512-5511

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

Sole Proprietor: Name of Owner: _____

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: John's Auto Sales Inc.
Name of President: John J. Eleftherakis
Name of Secretary: John J. Eleftherakis Name of Treasurer: John J. Eleftherakis

LLC: Name of LLC: _____
Names of All Managers: _____

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

2012 DEC-5 P 3:39
CITY CLERK'S OFFICE
SOMERVILLE MA

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date: 1

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number S-245752

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

on behalf of

John's Auto Sales, Inc.

located at

181 Somerville Avenue
Somerville, MA 02143

in favor of City of Somerville, MA

for the term beginning December 31st, 2012 and ending on December 31st, 2015, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 22, 2012

NGM Insurance Company

By: _____

Jeffrey W. Crawford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: John's Auto Sales Inc

Address of taxpayer/applicant's business in Somerville: 181 Somerville Ave.

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

Taxpayer/applicant's phone: day: 617-628-5511 evening: 617-512-5511

I, (print name) John J. Eleftherakis, 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

_____, 20X _____
(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: _____

13624 # 118014041 # 1083 # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:  **RECEIVED**
Baras
12-5-12

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: John's Auto Sales Inc.
Address: 181 Somerville Ave.
City: Somerville State: MA Zip: 02143 Phone #: 617-628-5511

- I am an employer with 13 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: Technology Insurance Co.
Address: 20 Trafalgar Square, Suite 459
City: Nashua State: NH Zip: 03063 Phone #: _____
Policy #: TWC3323206/WC9900013 Expiration Date: 8/15/2013

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: 12/2/12
Print Name: John D. Eleftherakis

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 _____

Technology Insurance Company

**A Stock Insurance Company
20 Trafalgar Square, Suite 459
Nashua, NH 03063**

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B
1 of 4
INFORMATION PAGE

Ncci Code: 39071

1. Insured:

John`s Auto Sales

181 Sommerville Ave

Sommerville MA 02143

Other workplaces not shown above:

See Extension of Information Page

Producer:

MCM Insurance Agency, Inc.

P.O. Box 435

Minneapolis MN 55440-0435

Policy Number: TWC3323206

Individual Partnership
 Corporation

Federal Tax ID: 042743707

Risk Id:

Renewal of: TWC3289069

2. The policy period is from 8/15/2012 to 8/15/2013 12:01 a.m. 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: Massachusetts

B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A. The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
MA	\$ 1,000,000 each accident	\$ 1,000,000 policy limit	\$ 1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules:
WC 00 00 00 B, WC 99 00 01 B, WC 00 01 13A, WC 00 04 14, WC 20 01 01, WC 20 03 01, WC 20 03 02, WC 20 03 03C, WC 20 04 01, WC 20 04 05, WC 20 06 01A, WC 20 06 04

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.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM	4,358
STATE ASSESSMENT	237
TOTAL ESTIMATED COST	4,595

Minimum Premium	506
Deposit Premium	671

Issue Date: 6/15/2012
[premier1_5/15/2012]

Countersigned by: _____
Authorized Representative