



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

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**MASTER USED CARS LLC**  
121 PROSPECT ST  
SOMERVILLE, MA 02143

License #: 30  
Fee: 550.00  
Account ID: 33  
Reference #: 30

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 <b>MASTER USED CARS LLC</b> Business Location: <b>121 PROSPECT ST</b> Business Phone: <b>617-623-9533</b>	
License Holder: <b>MASTER USED CARS LLC</b> <b>121 PROSPECT ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-9533</b>	
Mailing Address: <b>MASTER USED CARS LLC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>MANAGER - PETERSON FREDERICO</b>	
FID: <b>261772165</b>	
Food Manager/Emergency Contact: <b>PETERSON FREDERICO</b> <b>617-799-7772</b>	

2012 NOV 16 A 9:38  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Hours: **M-F 9-7, Sa 9-5**

**46 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: \_\_\_\_\_

Date: 11/08/12

Print Name: PETERSON V Frederico

Phone: (617) 623 9533

# 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: MASTER USED CARS LLC  
Somerville Address and Zip Code: 121 PROSPECT ST SOMERVILLE  
Phone Number of the Business: (617) 6239533

The Legal Name of the License Holder: PETERSON FREDERICO  
Street Address of the License Holder: 47 HAMILTON ST  
City, State and Zip Code of the License Holder: EVERETT MA 02149  
Phone Number of the License Holder: (617) 7997772


Where We Should Send Mail: Name: PETERSON FREDERICO  
Street Address: 121 PROSPECT ST SOMERVILLE MA 02143  
City, State and Zip Code:

Federal ID # (Do Not Give a Social Security #): 261772165

Emergency Contact and his/her Phone Number: (617) 7997772 cel

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: \_\_\_\_\_  
Name of President: \_\_\_\_\_  
Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_  
 LLC: Name of LLC: MASTER USED CARS LLC  
Names of All Managers: PETERSON FREDERICO  
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

**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 11/08/12

Massachusetts



# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 61164368

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: October 10th, 2011

That we, MASTER USED CARS LLC, as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at CITY OF SOMERVILLE 93 HIGHLAND AVE, SOMERVILLE, MA 02143

by First Class U.S. Mail. Address \_\_\_\_\_

Dated this 27th day of September, 2011



MASTER USED CARS LLC, Principal

By: \_\_\_\_\_

WESTERN SURETY COMPANY, Surety.

By: Paul T. Brufat  
Paul T. Brufat, Senior Vice President



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

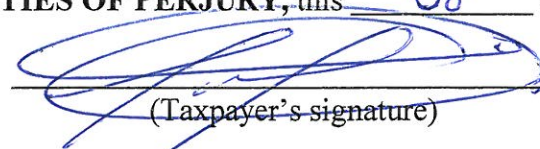
Exact name of taxpayer/applicant's business: PETERSON Frederico

Address of taxpayer/applicant's business in Somerville: 121 Prospect St

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: (617) 6239533 evening: (617) 7997722

I, (print name) PETERSON Frederico, 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 08 day of November, 2012.   
(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: \_\_\_\_\_

# 12652      # 12.508600 | 1974      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED PAYMENT

NOV 20 2012

COLLECTOR OF TAXES  
CITY OF SOMERVILLE  
BY [Signature]

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: MASTER Used CARS  
Address: 121 Prospect St  
City: Somerville State: Ma Zip: 02143 Phone #: (617) 623 9533

- I am an employer with 3 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: Zurich-American Insurance Group  
Address: PO Box 1450  
City: Middleboro State: ma Zip: 02344 Phone #: (960) 9545190  
Policy #: 622UB-5B41351-7-12 Expiration Date: 06/11/13

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.

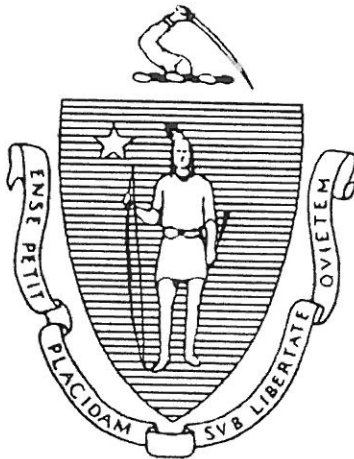
Signature: [Signature] Date: 11/08/12  
Print Name: PETERON FREDERICO

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

# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

## The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS 600 Washington Street, Boston, Massachusetts 02111 617-727-4900 – <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

ZURICH-AMERICAN INSURANCE GROUP

NAME OF INSURANCE COMPANY

P.O. BOX 1450  
MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(6ZZUB-5B41351-7-12)

POLICY NUMBER

06-11-12 TO 06-11-13

EFFECTIVE DATES

AMAZONIA INS AGENCY

66 BOW ST

SOMERVILLE

MA 02143

PHONE #

NAME OF INSURANCE AGENT

ADDRESS

MASTER USED CARS LLC

121 PROSPECT STREET

SOMERVILLE

MA 02143

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

### MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

## TO BE POSTED BY EMPLOYER