

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

2010 JUN 22 P 1:54

Application Fee \$500.00

Date 6/14/2010 CITY CLERK'S OFFICE SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Check one: Class 1 Class 2 Class 3

10 AUTOS TOTAL

Business Name: All Rite Collision LLC Phone: 617 868 8580

Business DBA Name (if applicable): All Rite Auto

Address with Zip Code: 38-42 Medford St Somerville, MA 02143

Tax Identification Number: 27-2840847 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): All Rite Collision LLC

Address with Zip Code: 38-42 Medford MA St Somerville MA 02143

Property Owner Name: Philip A. Moran Phone: 617 212 9814

Address with Zip Code: 15 Harold St Somerville, MA 02143

Emergency Contact 1: David Arzumanyan Phone: 781 316 7627

Emergency Contact 2: Andre Arzumanyan Phone: 781 316 7628

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: Alec Arzumanyan

Address with Zip Code: 385 Great Rd Bedford, MA 01730

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: Fenced in lot / Garage
at 38-42 Medford St Somerville, MA 02143

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: [Signature] Date 6.16.2010.

Business Name: All Rite Collision LLC

Business Address: 38-42 Medford St Somerville, MA 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BA Zone.

The use is permitted as of right Existing -

The use requires a special permit

The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: 10 total inside 0 outside Part in #

Signature: [Signature]

Date: 6-16-10

Print Name: Al Bargeet

Title: Building Inspector.

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

Approved

Denied

Signature: [Signature]

Name and Title: Chief Michael S. [Signature]
Chief of Police

GIS ABUT
SOMERVILLE, MA

Bldg	Lot	Blk	Lot	Cut	Un	Al	Location	Grantee	Co grantee's Name	Mailing Address	City	St	Zip	Use	Code Use Descri
B	11						24 HORACE ST	REINHOLD, LUBELZA A & ANTONI		24 HORACE ST	SOMERVILLE	MA	02143	1040 TWO FAMILY	1040 TWO FAMILY
B	12						22 HORACE ST	ALMEIDA, ANTONIO M & MANUE		22 HORACE ST	SOMERVILLE	MA	02143	1040 TWO FAMILY	1040 TWO FAMILY
B	13						10 28 WARD ST	ANDRADE, STEPHEN P	DEDIC, GEORGE	44 BELCHER DR	SOMERVILLE	MA	01776	1050 THREE FAM	1050 THREE FAM
C	5						4 64 MEDFORD ST	TRUST F & P CARROLL REALTY	CARROLL, PAUL R & PAULA M	33 CHAMPA RD	BILERICA	MA	01821	0101 1 FAM MIX	0101 1 FAM MIX
C	6						58 MEDFORD ST	HARRINGTON, NEILZE T		58 MEDFORD ST	SOMERVILLE	MA	02143	1050 THREE FAM	1050 THREE FAM
C	7						10 54 MEDFORD ST	MORGAN, PAUL J		46 WARMICK ST	SOMERVILLE	MA	02143	1090 MULTI HSES	1090 MULTI HSES
C	8						52 MEDFORD ST	STRACQUARINI, VICTOR E	NANCY MARIE	20 COLLINGS AVE	SOMERVILLE	MA	02143	1050 THREE FAM	1050 THREE FAM
C	11						12 10 WARD ST	DICECCA, CAMILLO V TRUSTEE	DICECCA FAMILY TRUST	260 LAWRENCE RD	MEDFORD	MA	02185	3970 PARK LOT	3970 PARK LOT
C	13						60 MEDFORD ST	CARROLL, PAUL R & PAULA M	F & P CARROLL REALTY TRUS	33 CHAMPA RD	BILERICA	MA	01821	3161 COMM WHESE	3161 COMM WHESE
C	13	A					27 HORACE ST	DICECCA, CAMILLO V & MARY	DICECCA FAMILY TRUST	260 LAWRENCE ROAD	MEDFORD	MA	02185	3400 OFFICE BLD	3400 OFFICE BLD
C	14						31 HORACE ST	TRUST F & P CARROLL REALTY	CARROLL, PAUL R & PAULA M	33 CHAMPA RD	BILERICA	MA	01821	1040 TWO FAMILY	1040 TWO FAMILY
D	1						2 11 HORACE ST	GOLD, RICHARD A TRUSTEE	11 HORACE STREET REALTY T	15 WARD ST	SOMERVILLE	MA	02143	4040 R-D FACIL	4040 R-D FACIL
D	3						9 WARD ST	CADET, DEAN R		9 WARD ST	SOMERVILLE	MA	02143	3530 FRATHE ORG	3530 FRATHE ORG
D	4						7 WARD ST	SIMONE, JULIA A FOR LIFE	SIMONE, JOHN W & ALAN J	7 WARD ST	SOMERVILLE	MA	02143	1050 THREE FAM	1050 THREE FAM
D	5						C-46 MEDFORD ST	DICECCA, MARK T & FRANCIS	C V DICECCA FAMILY TRUST	260 LAWRENCE ROAD	MEDFORD	MA	02185	0326 REST/CLUBS	0326 REST/CLUBS
D	6						44 MEDFORD ST	MORAN SR, PHILIP A TRUSTEE	E M REALTY TRUST	35 ROCKLAND ST	SOMERVILLE	MA	02145	3321 AUTO REFR	3321 AUTO REFR
D	7						30 MEDFORD ST	MADNEY, ERIC TRUSTEE	SOMERVILLE REDEVELOPMENT	93 HIGHLAND AVE	NEWTON	MA	02461	9730 VACANT HOU	9730 VACANT HOU
D	8						24 MEDFORD ST	WEINMAYA, JOAN C		49 EAST ST	SOMERVILLE	MA	02143	034R OFFICE BLD	034R OFFICE BLD
D	9						7 SOUTH ST	JONAH, JACOB TRUSTEE	DHL TRUST	15 WARD ST	SOMERVILLE	MA	02143	3160 COMM WHESE	3160 COMM WHESE
D	10						15 SOUTH ST	JANSON, LINDA TRUSTEE	D H TRUST	15 WARD ST	SOMERVILLE	MA	02143	3160 COMM WHESE	3160 COMM WHESE
D	11						21 SOUTH ST	UGLIETTO, CHARLES	C/O CUBBY OIL COMPANY	20 MEDFORD ST	SOMERVILLE	MA	02143	3140 TRK TRSH	3140 TRK TRSH
D	14						21 SOUTH ST	PEREIRA, ANTONIO S	PEREIRA, MARIA DEFATINA	51 WARREN ST	SOMERVILLE	MA	02143	1040 TWO FAMILY	1040 TWO FAMILY
E	1						1 20 MEDFORD ST	SORENSEN, JAMES B & AMELIA		7 BELFORD ST #1	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
E	4						5 16 MEDFORD ST	HYMAN, JACOB A	RADIN, ROSE G	7 BELFORD ST #2	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
E	7						51 WARREN ST	WEST, STEPHEN E		7 BELFORD ST #4	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
E	9						2 7 BELFORD ST #1	TRUST THE 15 PORTER STREE	C/O AMENPOLA ASSOCIATES L	26 PORTER ST #2	CAMBRIDGE	MA	02141-1013	1010 SING FAMLY	1010 SING FAMLY
E	9						7 BELFORD ST #2	RAPOSO, JOSE M & MARIA LUC		3 BELFORD ST	SOMERVILLE	MA	02143	1010 SING FAMLY	1010 SING FAMLY
E	9						4 7 BELFORD ST #4	ROF, SMI & EVADNE		305 INDUSTRIAL DRIVE	CONCORD	MA	01742	4000 FACTORY M	4000 FACTORY M
E	10						3R BELFORD ST	BARBUTO, DANIEL A		26 SOUTH ST	SOMERVILLE	MA	02143-4292	0104 2 FAM MLX	0104 2 FAM MLX
E	11						3 BELFORD ST	ST, CROIX, MARION P & SCOTT		22 SOUTH ST	SOMERVILLE	MA	02143	1010 SING FAMLY	1010 SING FAMLY
F	1						20 36 SOUTH ST	VASILEV, EMILY G	MISSIURO, PATRICIJA E	18 SOUTH ST	SOMERVILLE	MA	02143	1050 THREE FAM	1050 THREE FAM
F	2						3 22 SOUTH ST	UGLIETTO, CHARLES J		21 EDWARDS WAY	BELMONT	MA	02478	3900 DEVEL LAND	3900 DEVEL LAND
F	5						6 18 SOUTH ST	HATHENS, CHARLES		6 BELFORD ST	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
F	8						7 10 BELFORD ST #1F	BRIGGS, THERESA A		6 BELFORD ST #1R	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
F	9						17 20 6 BELFORD ST #1F	MATTHEWS, CHARLES		6 BELFORD ST #1R	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
F	9						1R 20 6 BELFORD ST #1R	MATTHEWS, CHARLES		6 BELFORD ST #1R	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
F	9						2F 20 6 BELFORD ST #2F	COHEN, SHINA M	COHEN, RICHARD JAY	15 LEONARD AVE	SOMERVILLE	MA	02139	1020 CONDO MDL	1020 CONDO MDL
F	9						2R 20 6 BELFORD ST #2R	MATTHEWS, CHARLES		6 BELFORD ST	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
F	9						3F 20 6 BELFORD ST #3F	MATTHEWS, CHARLES		6 BELFORD ST	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
F	9						3R 20 6 BELFORD ST #3R	MATTHEWS, CHARLES		6 BELFORD ST	SOMERVILLE	MA	02143	1020 CONDO MDL	1020 CONDO MDL
F	10						11 4 BELFORD ST	DIANA, MICHAEL & MARIE		4 BELFORD ST	SOMERVILLE	MA	02143	1040 TWO FAMILY	1040 TWO FAMILY
F	12						35R PORTER ST	TRUST SIMONE FAMILY OF		1 FOX WALLOW DR	SOMERVILLE	MA	01906	1040 TWO FAMILY	1040 TWO FAMILY
F	13						6R BELFORD ST	NYLAND, LUCY & FROEPPER		51 PORTER ST	CAMBRIDGE	MA	02141	1060 AC LND TRP	1060 AC LND TRP
F	15						BELFORD ST	FRANCISCO, ROSEMARIE		51 PORTER ST	CAMBRIDGE	MA	02141	1320 BBS AC LND	1320 BBS AC LND
F	16						17 BELFORD ST	TAVARES, LINO B & IRENE S	L & I TAVARES TRUST	53 PORTER STREET	CAMBRIDGE	MA	02141	1370 NER AC LND	1370 NER AC LND

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

Bond No. 172697

Effective Date: 06/23/10

Massachusetts Used Car Dealer's Bond

KNOW ALL MEN BY THESE PRESENTS, That we,

All Rite Collision, LLC

of Somerville, MA, as Principal, and

NGM Insurance Company; P.O. Box 2300; Keene, NH 03431, authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto

City of Somerville, MA,

as Obligee, for the benefit of all natural persons who suffer a loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of Twenty Five Thousand Dollars (\$25,000.00), for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees, jointly and severally, firmly by these presents.

WHEREAS the said Principal is a Dealer having an established place of business at

28-42 Medford Street; Somerville

in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

NOW, THEREFORE, the condition of this obligation is such that if the said Principal shall faithfully observe the provisions of Chapter 140, Section 58, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

Section 1.Recovery against this bond may be made by any natural person who obtains a final judgment in court against the Dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one (1) year after the event giving rise to the cause of action.

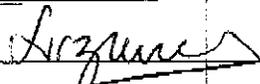
Section 2.Notice of any suit under this bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee is prima facie evidence of compliance with this requirement of notice)

Section 3.The Surety may cancel said bond by giving thirty (30) days notice in writing by U.S. First Class mail to the Obligee and this bond shall be deemed cancelled.

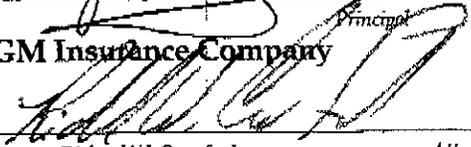
Signed this day, 23 June 2010.

Witness

All Rite Collision, LLC

By: 

NGM Insurance Company

By: 

Richard W. Crawford

Attorney-in-Fact

A.A. DORITY COMPANY, INC. (617) 523-2935

262 Washington Street, Boston, MA 02108

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.

All Rite Collision LLC

*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

27-2840847

**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

- 1. Exact name of taxpayer/applicant's business: ALL-Rite Auto Inc
- 2. Address of taxpayer/applicant's business in Somerville: 38-42 MeoFORD ST.
- 3. Address of taxpayer/applicant's home in Somerville: 19 Joseph ST.
- 4. Taxpayer/applicant's phone: day: 617-866-8580 evening: 617-666-0192

I, Philip A McLean, 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 16 day of June, 20 10. [Signature]
(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: _____

17375090 # 14503600 # 30050067 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
6-16-10

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: Alec Arzumanyan
 Address: 385 Great Rd
 City: Bedford State: MA Zip: 01730 Phone #: 781 316 5342

- I am an employer with 1 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: ALD Insurance Agency, INC
 Address: 60A Brighton Ave
 City: Allston State: MA Zip: 02134 Phone #: 617 787 7877
 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: [Signature] Date: 6.16.2010
 Print Name: ALEC ARZUMANIAN

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
 Contact Person: _____ Phone #: _____ Other _____

NOTICE OF ASSIGNMENT

EMPLOYER:	COMBO I.D.	STATUS OF EMPLOYER
ALL RITE COLLISION LLC 38 42 MEDFORD ST SOMERVILLE, MA 02143	000314334	Limited Liability Com
	COVERAGE GROUP	
	0314334	

The Waiver of Our Right to Recover from Others Endorsement is available on Pool policies. Contact your agent for details.

Coverage under this assignment applies to Massachusetts operations only. For coverage outside of Massachusetts, contact the appropriate Pool or Plan for that state.

AGENT AID INSURANCE AGENCY INC
OR DMITRY DUKHON
PRODUCER: 60A BRIGHTON AVE
ALLSTON, MA 02134

INSURANCE COMPANY:
HARTFORD UNDERWRITERS INS CO
Cindy Marowitz
P O BOX 3556
ORLANDO, FL 32802-3556
(800) 453-9843

AGENCY FEIN: 203974503

CLASSIFICATION OF OPERATION	CLASS CODE	ESTIMATED TOTAL ANNUAL REMUNERATION	RATE	ESTIMATED PREMIUM
AUTOMOBILE BODY REPAIR	8393	\$20,000	2.13	\$426
EMPLOYERS LIABILITY 100/100/500	9845			\$426
STANDARD PREMIUM				\$20
LOSS CONSTANT	0032			\$250
EXPENSE CONSTANT	0900			\$6
TERRORISM CHARGE	9740			\$254
TOTAL POLICY MINIMUM PREMIUM				\$702
TOTAL ESTIMATED PREMIUM				\$31
DIA ASSESS. 7.2%				-----
TOTAL EST. PREMIUM PLUS ASSESSMENT				\$733
INSTALLMENT BASIS: Annual			DEPOSIT PREMIUM:	\$733
			THIS IS NOT A BILL	

COMMENTS

Coverage effective 12:01 AM on 06/17/10

DATE OF NOTICE: 06/16/10

PREPARED BY: Joanne Shea
EXT 530

* * VOLUNTARY DIRECT ASSIGNMENT * *

LETTER ID: 3391038

The Workers' Compensation Rating and Inspection Bureau of Massachusetts
101 Arch Street · Boston, MA 02110
(617)439-9030 · FAX (617)439-6055 · www.wcribma.org