

# SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

2012 JUL 10 PM 2:49

Application Fee \$550.00

Date

6/11/12

CITY CLERK'S OFFICE  
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

☐ New Application

Check one: ☐ Class 1 ☐ Class 2 ☐ Class 3

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: JEFFREY D. Summers <sup>Auto SALES</sup> Phone: 617-680-6247

Business Location (with Zip Code): 5 Berkeley Street

Applicant's Legal Name: JEFFREY D. Summers

Applicant's Address (with Zip Code): 5 Berkeley Street

Applicant's Email Address: Sumjeff@comcast.net

Applicant's Federal Employer Identification Number: 024608839

Mailing Name (where we should send correspondence to): JEFFREY D. Summers

Mailing Address (with Zip Code): 51 GRACE STREET, MALDEN, MA 02148

Emergency Contact: TASHA Summers Phone: 617-689-9182

Type of Business (Check one):

☒ Sole Proprietor

☐ Partnership (inc. LLP)

☐ Trust

☐ Corporation (inc. LLC)

☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: JEFFREY D. Summers

Address with Zip Code: 5 Berkeley Street, 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: \_\_\_\_\_

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 1998 - 2009 Somerville, MA

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:

Office ONLY

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: Jeffrey D. Summers Date 6/11/2012

Business Name: Jeffrey D. Summers Autosales

Business Address: 3 Berkeley Street, Somerville, MA 02148

## 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: 0 inside  
\_\_\_\_\_ outside

Signature: Eddie Nuzzo

Date: June 19, 2012

Print Name: Eddie Nuzzo

Title: Supervisor

### POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- ☒ Approved  
☐ Denied

Signature: [Signature] Name and Title: Chief of Police

Called July 2-5



NUMBER  
175498

FEE  
\$200.00

COMMONWEALTH OF MASSACHUSETTS

CITY OF SOMERVILLE

USED CAR DEALERS LICENSE-CLASS II

In accordance with the provisions of Chapter 140 of the General Laws with amendments thereto: Summers Auto Sales Is hereby licensed to buy and sell Second-hand motor vehicles at: 5 Berkeley St., Somerville, MA on the premises described as follows: The only premises that will be used is Home Office. Car Dealership License will only consist of business conducted on the internet or telephone. At no time there will be cars or people for the purpose conducting business at 5 Berkeley St.

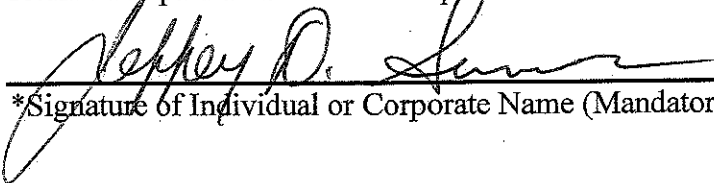
December 5, 2003

*John J. Long*  
John J. Long  
City Clerk

THIS LICENSE EXPIRES JAN. 1, 2005  
THIS LICENSE MUST BE POSTED IN A CONSPICUOUS  
PLACE UPON THE PREMISES

**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)

\_\_\_\_\_  
\*\*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: Jeffrey D. Summers

Address of taxpayer/applicant's business in Somerville: 5 Berkeley Street

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

Taxpayer/applicant's phone: day: 617-680-6247 evening: \_\_\_\_\_

I, (print name) Jeffrey Summers, 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 11<sup>th</sup> day of June, 2012. Jeffrey Summers  
(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: \_\_\_\_\_

# 15514180 # 22000100 # \_\_\_\_\_ # \_\_\_\_\_

NOTES: 1424

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED  
4-6-11-12

**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:

Jeffrey D. Summers

Address:

5 Berkeley Street

City:

Samerville

State:

MA

Zip:

02143

Phone #:

617-680-6247

☐ I am an employer with \_\_\_\_\_ 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:

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:

Date:

Print Name:

**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 #: