

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

Date 8/21/2014

2014 AUG 25 P 4:17

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

Vehicles stored: 0 inside

☐ Renewing Application with NO Additions or Changes

38 outside

Business (DBA) Name: John's Auto Sales Phone: 617-628-

Business Address (in Somerville): 181 Somerville Ave, Somerville MA 02143

Applicant's Federal Employer Identification Number: 46-4859110

Applicant's Legal Name: John J. Eleftherakis

Mailing Name (who we should send correspondence to): Same

Mailing Address (with Zip Code): Same

Emergency Contact: Jason R. Shedy Phone: 617-628-5511

Type of Business (Check Only One and Provide 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: PJJ Autos Inc.

Name of President: Paul L. Neff

Name of Secretary: John J. Eleftherakis Name of Treasurer: Paul L. Neff

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

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

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: on site - John's Auto Sales

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 1974, 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 _____

I request permission to store 0 vehicles inside the building, and 38 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

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:

Mon - Thurs 8 → 8 Sat 8 → 5
Friday 8 → 7 Sun 10 → 5

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. 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 Applicant: [Signature] Date: 8/21/2014

Business Name: PJ Auto Sales DBA John Auto Sales

Business Address: 181 Somerville Ave, Somerville MA 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a COD55 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: 2 inside

[Signature] 38 outside

Signature: [Signature]

Date: stationary 9-25-14

Print Name: John J. Feltham

Title: owner/secretary
SR Building Inspector

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- ☒ Approved
☐ Denied

Signature: Charles J. Ferreira Name and Title: Acting Ch. of Police



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PJJ Autos Inc DBA Johns Auto Sales

Address of taxpayer/applicant's business in Somerville: 181 Somerville Ave, Somerville MA 02143

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-628-5511 evening: none

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 21st day of August, 2014. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 8-25-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
13866 # 118014041 # 1034 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:

*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: PJ Autos Inc DBA John Auto Sales
Address: 181 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: 617-628-5511

- ☒ I am an employer with 15 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: _____
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: [Signature] Date: 8/21/2014
Print Name: John J. 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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
8/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SUMMIT INSURANCE, LLC PO Box 130 Andover, MA 01810 David Koulouris		CONTACT NAME: PHONE (A/C No. Ext): (978) 475-1146 FAX (A/C No.): (978) 475-1156 E-MAIL ADDRESS: davidkoulouris@verizon.net	
INSURED PJJ Autos Inc. d/b/a John's Auto Sales 181 Somerville Avenue Somerville, MA 02143 617-628-5511		INSURER(S) AFFORDING COVERAGE INSURER A: Motorists Commercial Mutual # 13331 INSURER B: Technology Insurance Company # 39071 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			4-2355084	7/1/14	7/1/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			4-2355085	7/1/14	7/1/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANYAUTO						BODILY INJURY (Per person) \$ 1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$ 1,000,000
							Aggregate \$ 3,000,000
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC3424510	8/15/14	8/15/15	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Dealer's Physical Damage Coverage			4-2355085	7/1/14	7/1/15	\$820,000 Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Proof of Insurance:

PJJ Autos Inc. d/b/a
John's Auto Sales
181 Somerville Avenue
Somerville, MA 02143

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance:
PJJ Autos Inc. d/b/a
John's Auto Sales
181 Somerville Avenue
Somerville, MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David Koulouris

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