



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

2012 DEC 11 P 2:24

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW USED CAR DEALER CLASS 1 LICENSE

**HERB CHAMBERS I-93 INC
SMART CENTER BOSTON
259 MCGRATH HWY
SOMERVILLE, MA 02143**

License #: 3
Fee: 550.00
Account ID: 5
Reference #: 3

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 SMART CENTER BOSTON Business Location: 259 MCGRATH HWY Business Phone: 617-666-4100 | |
| License Holder: HERB CHAMBERS I-93 INC SMART CENTER BOSTON 259 MCGRATH HWY SOMERVILLE, MA 02143 617-666-4100 | |
| Mailing Address: HERB CHAMBERS I-93 INC 259 MCGRATH HWY SOMERVILLE, MA 02143 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - BRUCE SPATZ PRESIDENT - HERBERT CHAMBERS | |
| FID: 061335996 | |
| Food Manager/Emergency Contact: UNKNOWN | |

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

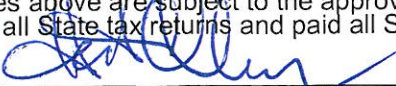
Hours: **M-R 7-9 F 7-7 Sa 8-5 Su 11- 5**

- 5 VEHICLES
- 5 VEHICLES INSIDE

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: 12/10/12
Print Name: Herbert G. Chambers Phone: 617-666-4100

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: Smart Center Boston
Somerville Address and Zip Code: 259 McGrath Highway 02143
Phone Number of the Business: 617 666 4180

The Legal Name of the License Holder: Herb Chambers I-93 Inc
Street Address of the License Holder: 259 McGrath Highway
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617 666 4180

Where We Should Send Mail: Name: Smart Center Boston
Street Address: 259 McGrath Highway
City, State and Zip Code: Somerville MA 02143

Federal ID # (Do Not Give a Social Security #): 061335996

Emergency Contact and his/her Phone Number: _____

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: Herb Chambers I-93, Inc
Name of President: Herbert G Chambers
Name of Secretary: Bruce H Spatz Name of Treasurer: Herb Chambers
 LLC: Name of LLC: _____
Names of All Managers: _____
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: [Signature] Date 12/10/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Herb Chambers I-93 Inc

Address of taxpayer/applicant's business in Somerville: 259 McDonald Highway

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

Taxpayer/applicant's phone: day: 617-666-4110 evening: _____

I, (print name) Herbert G Chambers, 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 10 day of December, 2012. [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: _____

788-789 # 145051001 # _____ # _____

NOTES: 9660 145060001

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED
12-10-12

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: Herb Chambers I-93 Inc
Address: 259 McGrath Highway
City: Somerville State: MA Zip: 02143 Phone #: 617-766-4180

- I am an employer with 100 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: USI New England
Address: 12 Gill St
City: Woburn State: MA Zip: 01801 Phone #: 800-832-7639
Policy #: TC2KUR101D25412 Expiration Date: 9/30/13

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: 2/10/02
Print Name: Herbert G Chambers

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 _____