



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

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

**PAT'S AUTO BODY INC  
PO BOX 167  
SOMERVILLE, MA 02143**

License # 988

Fee: 550.00

Account ID: 782

Reference #: 988

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2013 NOV 21 A 10:28

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: <b>PAT'S AUTO BODY INC</b> Business Location: <b>182 WASHINGTON ST</b> Business Phone: <b>617-628-7500</b>	
License Holder: <b>PAT'S AUTO BODY INC</b> <b>PO BOX 167</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-7500</b>	
Mailing Address: <b>PAT'S AUTO BODY INC</b> <b>PO BOX 167</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - DAVID TAURO</b> <b>SECRETARY - DAVID TAURO</b> <b>TREASURER - DAVID TAURO</b>	
FID: <b>042762439</b>	
Food Manager/Emergency Contact: <b>DAVID TAURO</b> <b>617-293-2010</b>	

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

Hours: **MO-SA 9AM-9PM, SU 9AM-5PM**

**27 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: David Tauro

Date: 10/29/13

Print Name: David Tauro

Phone: 617-628-7500

# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 69701224

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: April 21, 2004

That we, Pat's Auto Body, Inc.,

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 73 Highland Ave., Somerville, MA 02143  
by First Class U.S. Mail. Address

Dated this 22nd day of April, 2004.



Pat's Auto Body, Inc., Principal

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

WESTERN SURETY COMPANY, Surety

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

**NOTICE OF PREMIUM DUE**  
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**CNA SURETY**

Phone: 1-888-866-2666

Fax: 1-605-335-0357

Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)

Company#: 0601

Bond/Policy#: 69701224

Billing Date: 02/15/2013

Due Date: 04/21/2013

Premium: \$250.00

PAT'S AUTO BODY, INC.  
161 LINWOOD ST.  
SOMERVILLE, MA 02176

<b>Amount Due:</b>	<b>\$250.00</b>
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Company#: 0601  
Bond/Policy#: 69701224  
Effective Date: 04/21/2013  
Bond amount: \$25,000.00  
Name: PAT'S AUTO BODY, INC.  
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Anniversary Date: 04/21/2014

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (508)378-1166  
Agency Code: 20-18386

**Colburn Group, L L C**  
**P.O. Box 10**  
**Marion, MA 02738**

**YOU CAN PAY ONLINE BY VISITING [ONLINEPAY.CNASURETY.COM](http://ONLINEPAY.CNASURETY.COM)**

Please detach and return the coupon below with your payment. Please send payment to the address below.  
For overnight payments please call 1-888-866-2666



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Pat's Auto Body, Inc

Address of taxpayer/applicant's business in Somerville: 182 Washington Street

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

Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2010

I, (print name) David Tauro, 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 29<sup>th</sup> day of October, 2013. [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: \_\_\_\_\_

# 15709 # 11906011 # 1282 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

RECEIVED  
11/21/13 [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: Pat's Auto Body, Inc  
Address: 182 Washington St  
City: Somerville State: MA Zip: 02143 Phone #: 617-628-7500

- ☒ I am an employer with 13 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: Technology Insurance Company  
Address: 5800 Lombardo Center  
City: Cleveland State: OH Zip: 44131 Phone #: 877-528-7878  
Policy #: TWC 3292644 Expiration Date: 9/9/14

**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: 10/29/13  
Print Name: David Tauro

*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 \_\_\_\_\_