

RECEIVED

2022 JAN 26 PM 12:29

CITY OF NEWTON
APPLICATION FOR LICENSE TO BUY, SELL, EXCHANGE
OR ASSEMBLE MOTOR VEHICLES OR PARTS THEREOF
2022

CITY CLERK
NEWTON, MA. 02459

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a class II license, to Buy, Sell, Exchange or Assemble motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws.

1. Name of the concern New England Motor Mart, Inc.

Business address: 1211 Washington Street, West Newton, MA 02465

Telephone number 617-965-5000

Email _____

2. Is the above concern an individual, co-partnership, an association or a corporation? Corporation

3. If an individual, state full name and residential address.

4. If a co-partnership, state full names and residential addresses of persons composing it.

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President Mark F. Donato, 21 Wamesit Road, Waban, MA 02468

Secretary Steven J. Donato, 102 Forest Avenue, West Newton, MA 02465

Treasurer Steven J. Donato, 102 Forest Avenue, West Newton, MA 02465

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? Yes

OVER

If so, is your principal business the sale of new motor vehicles? NO

Is your principal business the buying and selling of second hand motor vehicles? YES

Is your principal business that of a motor vehicle junk dealer? NO

7. Give a complete description of **all** the premises, including satellite buildings/lot used for storage, to be used for the purpose of carrying on the business.

Outside storage and sales on lots at 1203-1215, 1221-1229 and 1235 Washington Street, West Newton, MA 02465. Inside storage at 1211 Washington Street, West Newton, MA 02465

8. Are you a recognized agent of a motor vehicle manufacturer? NO

If so, state name of manufacturer _____

9. Have you a signed contract as required by Section 58, Class 1? NO

10. Have you ever applied for a license to deal in second-hand motor vehicles or parts thereof? YES
If so, in what city/town(s) _____

Did you receive a license? YES For what year? 2021

11. Has any license issued to you in Massachusetts or any other state to deal in motor vehicles or parts thereof ever been suspended or revoked? NO

PRINT and SIGN your name in full _____

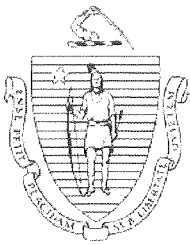
Mark F. Donat


(Duly authorized to represent the concern herein mentioned)

Residence 21 Wamesit Road, Waban, MA 02468

Telephone 617-965-5000

**IMPORTANT
EVERY QUESTION MUST BE ANSWERED WITH
FULL INFORMATION, AND FALSE STATEMENTS
HEREIN MAY RESULT IN THE REJECTION OF
YOUR APPLICATION OR THE SUBSEQUENT
REVOCATION OF YOUR LICENSE IF ISSUED.**



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: New England Motor Mart, Inc.

Address: 1211 Washington Street

City/State/Zip: West Newton, MA 02465 Phone #: 617-965-5000

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature:  Date: 1-25-22

Phone #: 617-965-5000

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

**VERIFICATION CERTIFICATE
To Verify That A
Continuous Form of Bond or Policy
Has Not Been Cancelled**

This is to certify that **Bond Number 69639411** issued by the undersigned and on behalf of **New England Motor Mart Inc.** and in favor of the **City of Newton**, is a continuous instrument covering an indefinite term is now in full force and effect and will continue in full force and effect until cancelled or terminated.

SIGNED, Sealed and Dated: January 26, 2022

Anniversary Billing Period: January 1, 2022 to January 1, 2025

COMPANY: Western Surety Company

BY: Christina D. Hickey
Christina D. Hickey, Attorney-in-Fact

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Frank J Smith, Donna M Robie, Christina D Hickey, Ellen J Young, Mark L Kingston, Ruth Ann Silverman, Ginette R Tentindo, John F Koegel, Tara L Clifford, Individually

of Natick, MA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 22nd day of June, 2021.

WESTERN SURETY COMPANY



Paul T. Bruflat

Paul T. Bruflat, Vice President

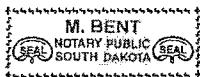
State of South Dakota }
County of Minnehaha }

ss

On this 22nd day of June, 2021, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

March 2, 2026



M. Bent

M. Bent, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 26th day of February, 2022.



WESTERN SURETY COMPANY

L. Nelson

L. Nelson, Assistant Secretary

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

CITY OF NEWTON
1000 COMMONWEALTH AVENUE
NEWTON, MA 02459
617-796-1330

CITY OF NEWTON
Notice of Paid Invoices

January 26, 2022

NEW ENGLAND MOTOR MART INC
1203 WASHINGTON ST
W NEWTON, MA 02465-2122

IMPORTANT INFORMATION BELOW

NEWTON - MOTOR VEHICLE EXCISE TAX (014-EX)							
YEAR	COM	NUMBER	VEHICLE	PLATE	VIN	TIME	AMOUNT PAID
2020	01	38325	0	440		12:30	166.46
01/26/2022						Fraud Protection #1721762505	Total Paid: 166.46

CITY OF NEWTON
Treasury & Collections
Tax

JAN 26 2022

1000 Commonwealth Ave.
Newton, MA 02459

Excise
2020