

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

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a class 2 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 REGANS INC.

Business address: REGANS INC. 2066 COMMONWEALTH AVE. NEWTON MA. 02468

Telephone number 617-527-3990

Email regansinc@aol.com

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 John P Regan 188 Eslington Rd Auburndale Ma 02466

Secretary Stephen L Regan 288 Lexington st Auburndale MA 02466

Treasurer Stephen L Regan 288 Lexington St Auburndale Ma 02466

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.

Lot and garage located at 2066-2078 Commonwealth Ave
Auburndale MA 02466

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

If so, state name of manufacturer N/A

9. Have you a signed contract as required by Section 58, Class 1? N/A

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) Newton, MA

Did you receive a license? Yes For what year? 2012-2021

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  JOHN P REGAN (REGANS INC)

(Duly authorized to represent the concern herein mentioned)
Residence 188 Islington Rd, Auburndale MA 02466

Telephone 617-833-8412

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
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: REGANS INC.

Address: REGANS INC. 2066 COMMONWEALTH AVE. NEWTON MA. 02466

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with 10 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):

- 5.0 Retail
- 6.0 Restaurant/Bar/Eating Establishment
- 7.0 Office and/or Sales (incl. real estate, auto, etc.)
- 8.0 Non-profit
- 9.0 Entertainment
- 10.0 Manufacturing
- 110 Health Care
- 12.0 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: MA Retail Merchants WC Group Inc

Insurer's Address: PO Box 859222-9222 B

City/State/Zip: Braintree Ma 02185

Policy# or Self-ins. Lic.# 014005031183121 Expiration Date: 1-1-22

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

Failure to secure coverage as required under Section 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: [Signature] Date: 12-3-21

Phone#:

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

City or Town: _____ Permit/License# _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone#: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

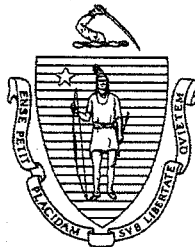
Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
 Department of Industrial Accidents
Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 Tet #617-727-4900 ext 7406 or 1-877-MASSAFE
 Fax # 617-727-7749
www.mass.gov/dia

NOTICE
TO
EMPLOYEES



NOTICE
TO
EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

LAFAYETTE CITY CENTER, 2 AVENUE DE LAFAYETTE, BOSTON, MASSACHUSETTS 02111

617-727-4900 - <http://www.state.ma.us/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

MA Retail Merchants WC Group Inc.

NAME OF INSURANCE COMPANY

PO Box 859222-9222, Braintree, MA 02185-0000

ADDRESS OF INSURANCE COMPANY

014005031183121

01/01/21 - 01/01/22

POLICY NUMBER

EFFECTIVE DATE:

HUB NE Association Programs

300 Ballardvale Street, Wilmington, MA 01887

NAME OF INSURANCE AGENT

ADDRESS

PHONE:

Regan's, Inc.

2066 Commonwealth Ave, Newton, MA 02466-0000

EMPLOYER

ADDRESS

01/15/2021

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER



Billing Questions (888) 866-2666
Email info@cnasurety.com

Final Notice of Premium Due 04/01/2021

If you have recently submitted your payment, please disregard this billing invoice.

Premium \$625.00

REGAN'S, INC.
2066 COMMONWEALTH AVE.
NEWTON, MA 02466

Amount Due \$625.00

Bond Detail

Bond #	70693483	Obligee	CITY OF NEWTON
Company	Western Surety Company		1000 COMMONWEALTH AVE.
Term Dates	04/01/2021 to 04/01/2024		ROOM 204
Bond Amount	\$25,000.00		NEWTON MA 02459
Description	MA Second Hand Motor Vehicle Dealer		

Agent Information

Lehrer & Madden, Incorporated
10 Union Street
Natick, MA 01760
Phone : (508)650-1202

Messages

Payment Instructions



- Pay Online at ONLINEPAY.CNASURETY.COM
- If paying by mail, please send payment 2 weeks prior to due date to ensure receipt
Make check payable to CNA Surety
Detach payment stub and return with payment

Note-Renewal documents will only be sent upon receipt of full payment

Regan's, Inc.

Bond #	70693483
Company	0601
Agency	20-16334
Lehrer & Madden, Incorporated	

Payment Due	04/01/2021	Amount Due	\$625.00
-------------	------------	------------	----------

CNA Surety Direct Bill
P.O. Box 957312
St. Louis, MO 63195-7312



REGIS INC. 2066 COMMONWEALTH AVE. NEWTON MA. 02466

November 19, 2021

RE: 2022 Auto Dealer Application

Enclosed is the application for your license to buy, sell, exchange or assemble motor vehicles or parts thereof for 2022. Please complete the application and return it to my attention with the fee of \$200 in a check made payable to the City of Newton. In addition, please complete and return the enclosed Workers' Compensation Insurance Affidavit, which must be completed and returned whether or not you have any employees.

Class 2 applicants, kindly confirm that *a continuous bond* or another equivalent evidence of financial responsibility for \$25,000 *remains* in effect or submit a new bond or equivalent evidence of financial responsibility as required by MGL Chapter 140.

Should you have any questions, I can be reached at 617-796-1210

Very truly yours,

City Council's Office
1000 Commonwealth Avenue
Newton, MA 02459