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 _____ 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 Newton Auto aroup INC.
Business address: 182 Brookline St Newton, www. 02459 Telephone number 617-244-5006
Email Rockland 35@ Gmail Com
2. Is the above concern an individual, co-partnership, an association or a 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 Retain Mataux 182 Porgolcitus St, Newfow, MM. 182659
Secretary
Treasurer ERIK MOTALIV 18 Edglorook Ro W. Roxbury, MM 02/32 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?
Is your principal business the buying and selling of second hand motor vehicles?
Is your principal business that of a motor vehicle junk dealer?
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. OFFICE Satelline storage at 1232 Washington st. Muniton, MM, or 465
8. Are you a recognized agent of a motor vehicle manufacturer?
If so, state name of manufacturer
9. Have you a signed contract as required by Section 58, Class 1?
10. Have you ever applied for a license to deal in second-hand motor vehicles or parts thereof?
Did you receive a license? Ys 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?
PRINT and SIGN, your name in full A etan Marcel and SIGN Water AND
(Duly authorized to represent the concern herein mentioned) Residence
Telephone 617-144-5006

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 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:			
Name: Newton Auto GR	oup INC.		
Address: 182 Brookline	st		
City: New YON	State: MM	Zip: 02659	Phone #: 617-244-5006
☐ I am an employer with employees (full and/or part time). ☐ I am a sole proprietor or partnership and employees. ☑ We are a corporation that has exercised exemption per c152 s1(4), and have no employees we are a nonprofit organization staffed by volunteers and have no employees.	have no our right of	Restaurant/Ba Office and/or Nonprofit Entertainment Manufacturing Health Care	
Workers' compensation insurance inform	ation (if applical	ole):	
Insurance Company Name:			
Address:			
City:	State:	Zip:	Phone #:
Policy #:			Expiration Date:
Applicant certification:			
Failure to secure coverage as required unpenalties of a fine up to \$1,500.00 and/or o WORK ORDER and a fine of \$100.00 a forwarded to the Office of Investigations of	ne years' imprisor day against me.	nment as well as ci	vil penalties in the form of a STOP
I do hereby certify under the pains and pena	1 0 0		
Signature:	HA		Date: 11-30-21
Print Name: Altan mata			
Official use only. Do not wr	ite in this area. To	o be completed by	city or town official.
City or Town:			Building Department City/Town Clerk Licensing Board Selectmen's Office
	_ Phone #:		Other

(revised Jan. 2008)



THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents Office of Investigations

Lafayette City Center 2 Avenue de Lafayette Boston, Massachusetts 02111

December 15, 2020

Newton Auto Group, Inc. 182 Brookline Street Newton, MA 02459

Notice of Decision Regarding

Affidavit of Exemption for Certain Corporate Officers or Directors

Pursuant to the provisions of MGL 152, Section 1 (4) as the amended by Ch. 169 of the Acts of 2002 your affidavit has been reviewed and the Office of Investigations has determined the following:

NOTE: It is your obligation to submit an approved affidavit to your insurance carrier in order to complete this process. Please retain a copy of this documentation as the approved affidavit is valid until a change is made to the corporation which would make this affidavit null and void.

The affidavit was approved on 12/15/2020. Attached please find your approved affidavit.

Should you have any questions please contact this office at 857-321-7529. You can also contact us by email at DIAForm153@mass.gov or by fax at 617-727-7749.

Related SWO Case ID#:

Affidavit ID #: 160494

Sincerely

Patrick Allosso Supervisor of Administration Office of Investigations

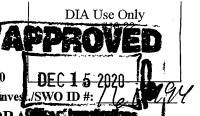
FORM 153



The Commonwealth of Massachusetts

Department of Industrial Accidents Office of Investigations - Dept. 153

Lafayette City Center, 2 Avenue de Lafayette, Boston, MA 02111-1750 www.mass.gov/dia



AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPOR OFFICERS OR DIRECTORS

Pursuant to M.G.L. c. 152, §1(4) as amended, I/We the undersigned officers of:

Chapter 169 of the Acts of 2002 amended M.G.L. c. 152, §1(4) by adding the following paragraph:

"This chapter shall be elective for an officer or director of a corporation who owns at least 25 percent of the issued and outstanding stock of the corporation. Notwithstanding section 46, these provisions shall apply only if the corporate officer provides the commissioner of industrial accidents with a written waiver of his rights under this chapter. Said commissioner shall promulgate regulations to carry out the purpose of this paragraph. Violations of this paragraph shall subject the corporation to the penalties set forth in section 25C."

Newton Auto GROUP INC. 182 Brookline St, Newton, WHI, 02459.
(Name of Corporation and Address)

each holding at least 25% of the issued and outstanding stock in said corporation, do hereby invoke the

right to be exempt from the provisions of M.G.L. c. 152, §25A and therefore are not required to carry a workers' compensation policy covering the undersigned corporate officer(s) or director(s). I/We the undersigned do also waive any and all rights to make claims for benefits as defined in M.G.L. c. 152 for any injuries that may be sustained while in the employ of the above-named corporation.						
Further, I/we the undersigned do understand that, should the above-named conits employ any employee(s) in addition to the undersigned corporate officer(s) corporation is required to obtain workers' compensation coverage for the emp M.G.L. c. 152, §25A.	or director(s), said					
I/We the undersigned have read and understand the statements and obligations. I/we have checked the appropriate box below my/our name(s) indicating my/on to be exempt from the provisions of M.G.L. c. 152.						
Signed under the pains and penalties of perjury:	Const.					
Signature Print Name & Title Presion I wish to exercise my right of exemption I wish NOT to exercise my right of exemption	12 - /0 - 20 Date (mm/dd/yyyý)					
Signature I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption	Date (mm/dd/y\$/\$y)					
Signature Print Name & Title I wish to exercise my right of exemption I wish NOT to exercise my right of exemption	Date (mm/dd/yyyy)					
Signature I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption	Date (mm/dd/yyyy)					
Note: <u>ALL</u> ELIGIBLE CORPORATE OFFICERS MUST SIGN. THERE CAN BE NO MORE THAN 4 SIGn on back.	Form 153 – 7/2019					



RIDER

It is hereby mutually agreed and understood by and between the Principal/Insured and Western Surety Company, that instead of as originally written:
The address has been changed to read:
182 Brookline Street
NEWTON, MA 02459

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or
conditions of the Policy/Bond , except as hereinabove set forth.
This Rider becomes effective on the <u>8th</u> day of <u>January</u> , <u>2019</u> , at twelve and one minute o'clock a.m., standard time.
Attached to and forming part of Policy/Bond No. 70253039 issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota,
issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota,
to Newton Auto Group, Inc.
CORPORA
Signed thisdinday of

SURETY COMPANY

Paul T. Bruflat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

	j mano, conditate			
Paul T.	Bruflat	of		oux Falls ,
State of South	Dakota	, its regularly elec	tedVice B	President
as Attorney-in-Fact, with full po- its behalf as Surety and as its a				
One Second Hand Moto	or Vehicle Dea	aler		
bond with bond number7025	3039			
for Newton Auto Group,	Inc.			
as Principal in the penalty amo	unt not to exceed:	\$ 25,000.00	·	
Section 7. All bonds, policiename of the Company by the Present of Directors may authorize Attomeys-in-Fact or agents who st	s, undertakings, Pov sident, Secretary, ar . The President, a nall have authority to v bonds, policies un	wers of Attorney, or other by Assistant Secretary, Tourney Vice President, Secrot by issue bonds, policies, or other by the secretary of Attacks of Attack	r obligations of the corporation reasurer, or any Vice President retary, any Assistant Secretary,	y-laws of Western Surety Company shall be executed in the corporate , or by such other officers as the , or the Treasurer may appoint ne Company. The corporate seal is e corporation. The signature of any
In Witness Whereof, the Vice President 2019	said WESTERN with ti	SURETY COMPANY ne corporáte seál áffixe	has caused these presented this 8th day o	ents to be executed by its
ATTEST			WESTERNOU	RETYCOMPANY
of no	,		WESTERNSU	REISCOMPANY
O. Hel	son	Secretary	By Tall	Bullt
,	L. Nelson, Assistant	Secretary		Paul T. Bruflat, Vice President
		•		. 44.853681680000000000000000000000000000000000
* * **********************************				
		•		
STATE OF SOUTH DAKOTA				
COUNTY OF MAINTHANA	> ss			
occivit of MiliNINEHAHA)				0.00
On this <u>8th</u> day Paul T. Bru	ofJanu uflat	lary 2	019 , before me, a Nota L. Nelson	ary Public, personally appeared
who, being by me duly sworn, a	Cknowledged that	they signed the above	Power of Attorney as	Vice President
and Assistant Secretary, respec voluntary act and deed of said 0	ctively, of the said	WESTERN SURETY	COMPANY, and acknowled	dged said instrument to be the
† ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ないかいかい 幸			
J. MOHR	* * * * * * * * * * * * * * * * * * *		^	_
NOTARY PUBLIC SOUTH DAKOT	SEAL)		// -	Mohr
+ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Success My Co	ommission Expires	June 23 2021	Notary Public
	22200 L 1 C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	TOTAL HAPITES	June 20, 2021	riotaly i ubite

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.

9510 \$625 01-08-19

Final Notice of Premium Due 02/23/2019

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

Premium

\$625.00

NEWTON AUTO GROUP, INC. 182 BROOKLINE STREET NEWTON, MA 02459

Amount Due

\$625.00

Bond Detail

Bond #

70253039

Bond Penalty

\$25,000.00

Company

Western Surety Company

Effective Date

02/23/2019

Anniversary Date

02/23/2022

Description

MA Second Hand Motor Vehicle Dealer

Agent Information

David J. De Angelis Insurance

Billing Questions (888) 866-2666 Email <u>info@cnasurety.com</u>

Agency, Inc.

283 Merrimack St.

Methuen, MA 01844-6496 Phone: (978)682-3397

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

City of Newton



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