

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 Old Time Garage, Ltd.
1960 Washington Street
Newton, MA 02462

Business address: _____

Telephone number 617-527-9559

Email Oldtimegarage @ comcast .net

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 William Hurwitz
@ Newell DR Medfield MA

Secretary Sam Hurwitz
63 Oakland Ave Newton MA

Treasurer _____

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.

USED AUTO SALES & SERVICE

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? NO
If so, in what city/town(s) _____

Did you receive a license? _____ For what year? _____

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 SAM HURWITZ 

(Duly authorized to represent the concern herein mentioned)
Residence Sam Hurwitz 63 Oakland Ave Newton, MA 02466

Telephone 617-593-8888

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: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p><input checked="" type="radio"/> 1. I am an employer with <u>8</u> employees (full and/or part-time).*</p> <p><input type="radio"/> 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p><input checked="" type="radio"/> 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]**</p> <p><input type="radio"/> 4.0 We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p><input checked="" type="radio"/> 5.0 Retail</p> <p><input type="radio"/> 6.0 Restaurant/Bar/Eating Establishment</p> <p><input type="radio"/> 7.0 Office and/or Sales (incl. real estate, auto, etc.)</p> <p><input type="radio"/> 8.0 Non-profit</p> <p><input type="radio"/> 9.0 Entertainment</p> <p><input type="radio"/> 10.0 Manufacturing</p> <p><input type="radio"/> 110 Health Care</p> <p><input type="radio"/> 12.0 Other</p>
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* 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: Federated Ins.

Insurer's Address: 27 Priscilla Rd #2 Brighton, MA 02135

City/State/Zip: _____

Policy # or Self-ins. Lie.# 6930911 Expiration Date: 8/1/22

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 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: 12/1/21

Phone#: 617 593 8888

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#: _____

Massachusetts



Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 62173630

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: September 30th, 2014

That we, Old Time Garage Ltd
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).

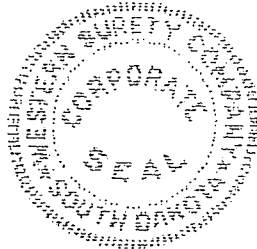
NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid 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 _____
PO Box 55897, Boston, MA 02205

by First Class U.S. Mail. _____ Address _____

Dated this 30th day of September, 2014



Old Time Garage Ltd _____, Principal

By: _____

WESTERN SURETY COMPANY, Surety

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