

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 KARIM MANSOUR

Business address: 1365 Centre St, NEWTON, MASS, 02459

Telephone number 617-527-9704

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. N/A

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 KARIM MANSOUR, 105 Phillips Brooks Rd. WESTWOOD, MASS, 02090

Secretary HELEN MANSOUR

Treasurer Karim Mansour

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

RECEIVED
DEC - 9 PM 12: 01
CITY CLERK
NEWTON, MA. 02459

If so, is your principal business the sale of new motor vehicles? N/A

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? N/A

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 Car Sales, Repairs / Gasoline Sales

8. Are you a recognized agent of a motor vehicle manufacturer? N/A

If so, state name of manufacturer ND

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? YES
If so, in what city/town(s) NEWTON, MASS.

Did you receive a license? YES For what year? 2010 → fill Now

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? N/A

PRINT and SIGN your name in full KARIM MANSOUR Karim Mansour

(Duly authorized to represent the concern herein mentioned)
Residence 105 Phillips Brooks Rd, Westwood, MASS, 02090

Telephone 781-326-6149

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: Newton Centre Shell

Address: 1365 Centre St, Newton, Mass, 02459

City/State/Zip: Newton, Mass, 02459 Phone #: 617-527-9704

Are you an employer? Check the appropriate box:

- 1. I am an 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):

- 5.0 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 Gasoline Station and Car Repair

* 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: Berkshire Hathaway Guard

Insurer's Address: 1365 Centre St

City/State/Zip: Newton, Mass, 02459

Policy# or Self-ins. Lie.# NEWC 269072 Expiration Date: July 08, 2008

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: 12/03/01

Phone#: 617-527-9704

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. 15257704

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: February 17th, 2009

That we, NEWTON CENTRE SHELL, 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.

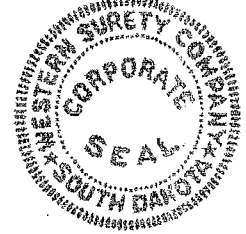
PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained 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 CITY OF NEWTON 1000 COMMONWEALTH AVE. NEWTON CENTRE, MA 02459

by First Class U.S. Mail.

Address

Dated this 13th day of February, 2009



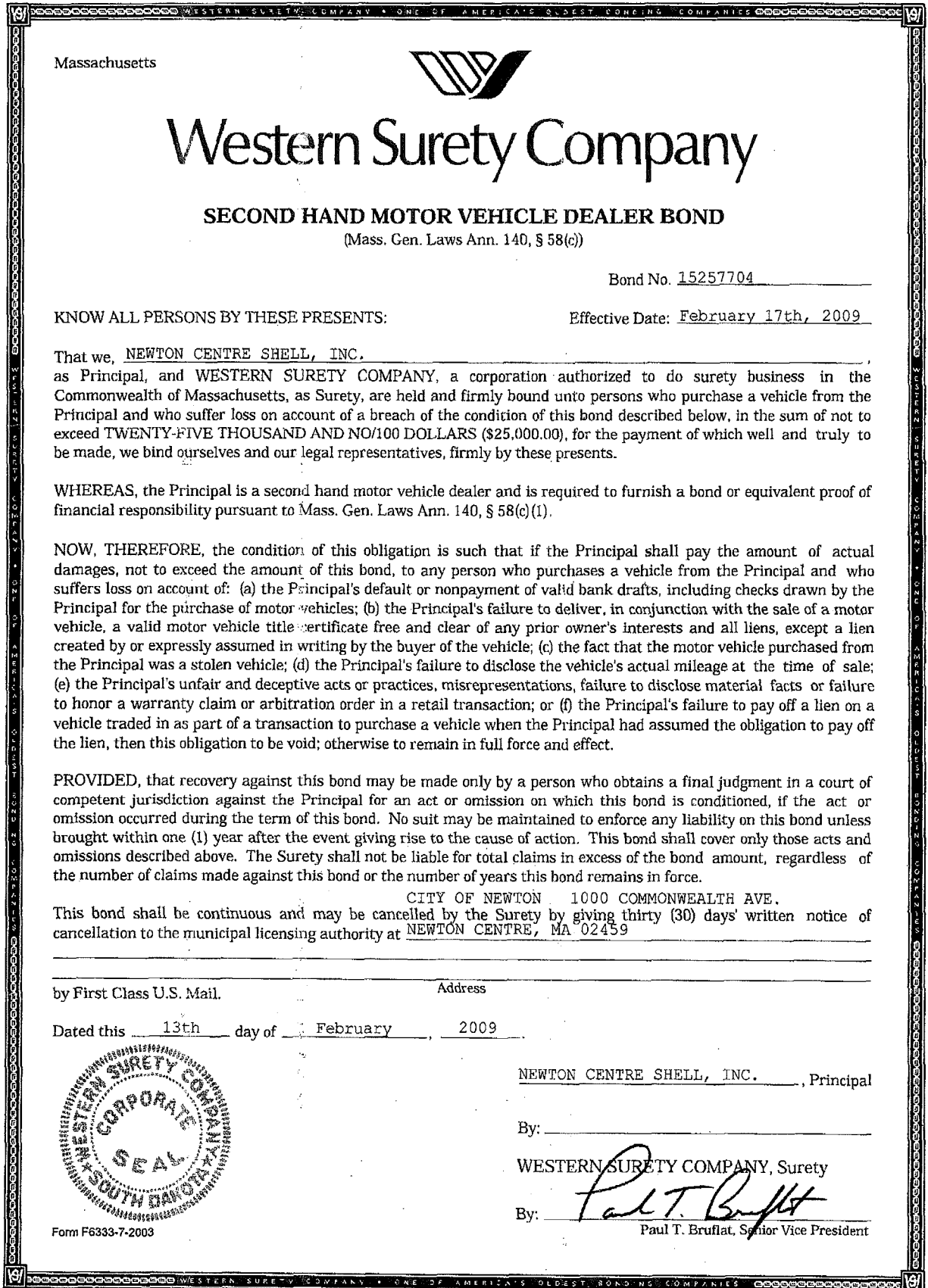
Form F6333-7-2003

NEWTON CENTRE SHELL, INC., Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Bruflat
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

Paul T. Bruffat of Sioux Falls,
State of South Dakota, its regularly elected Senior Vice President
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One MA Second Hand Motor Vehicle Dealer Bond
bond with bond number 15257704
for NEWTON CENTRE SHELL, INC.
as Principal in the penalty amount not to exceed: \$ 25,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

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, any 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.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Senior Vice President with the corporate seal affixed this 13th day of February, 2009.

ATTEST
L. Nelson
L. Nelson, Assistant Secretary

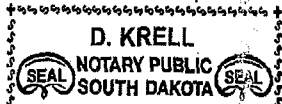
WESTERN SURETY COMPANY
By Paul T. Bruffat
Paul T. Bruffat, Senior Vice President



STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 13th day of February, 2009, before me, a Notary Public, personally appeared Paul T. Bruffat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires November 30, 2012

D. Krell
Notary Public





#15-22
Worker's Compensation and Employer's Liability Policy
NorGUARD Insurance Company - A Stock Co.
Policy Number NEWC269072
Renewal of NEWC105625
NCCI No. [25844]

Policy Information Page

<p>[1] Named Insured and Mailing Address Newton Centre Shell Inc 1365 Centre St Newton Center, MA 02459</p> <p>Federal Employer's ID X-XXX6277 Risk ID Number 232247</p> <p>Additional Names of Insured (N2) Needham Heights Automotive Service Inc</p> <p>Locations on Policy (L2) 875 Highland Ave , Needham, MA 02494 (07/08/2021 - 07/08/2022)</p>	<p>Agency R.D. MURPHY INSURANCE AGENCY, INC. 75 Hancock St. Suite 201 Braintree, MA 02185 Agency Code: MARDMU10</p> <p>Insured is Corporation</p>
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<p>[2] Policy Period From July 8, 2021 to July 8, 2022, 12:01 AM, standard time at the insured's mailing address.</p>

<p>[3] Coverage</p> <p>A. Workers' Compensation Insurance - Part One of this policy applies to the Workers' Compensation Law of the following states: Massachusetts</p> <p>B. Employer's Liability Insurance - Part Two of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:</p> <table style="margin-left: 40px;"> <tr> <td>Bodily Injury by Accident - each accident</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>Bodily Injury by Disease - each employee</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td>Bodily Injury by Disease - policy limit</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table> <p>C. Other States Insurance - Part Three of this policy applies to all states, except any state listed in item [3]A. and the states of North Dakota, Ohio, Washington, and Wyoming.</p> <p>D. This policy includes these endorsements and schedules: See Extension of Information Page - Schedule of Forms</p>	Bodily Injury by Accident - each accident	\$1,000,000	Bodily Injury by Disease - each employee	\$1,000,000	Bodily Injury by Disease - policy limit	\$1,000,000
Bodily Injury by Accident - each accident	\$1,000,000					
Bodily Injury by Disease - each employee	\$1,000,000					
Bodily Injury by Disease - policy limit	\$1,000,000					

<p>[4] Premium The Premium Basis and, therefore, the premium will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All required information is subject to verification and change by audit. (Continued on another page)</p>
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Total Estimated Policy Premium	\$	8,423
Total Surcharges/Assessments	\$	\$272.00
Total Estimated Cost	\$	\$8,695.00

INTERNAL USE XX
 MGA : NEWC269072
 Date : 06/03/2021
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