

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 STAN'S AUTOMOTIVE INC
Business address: 249 CENTRE ST, NEWTON, MA, 02458
Telephone number 617-964-6136
Email NEWTONAUTO33@GMAIL.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 STANISLAV BOCHUKOV
75 WALTHAM ST, WATERTOWN, MA, 02472

Secretary JOSEPH KAMMOUT
366 SUMMER ST, NORWOOD, MA, 02062

Treasurer JOSEPH KAMMOUT
366 SUMMER ST, NORWOOD, MA, 02062

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.

STORAGE LOT - 1209 WASHINGTON ST, 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) NEWTON, MA

Did you receive a license? YES For what year? 2013/14/15/16/17/18/19/20

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 STANISLAV BOCHKOV 

(Duly authorized to represent the concern herein mentioned)
Residence 75 WALTHAM ST. WATERTOWN, MA, 02472

Telephone 617-792-9900

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: STANIS AUTOMOTIVE INC

Address: 249 CENTRE ST

City/State/Zip: NEWTON, MA, 02458 Phone #: 617-964-6136

Are you an employer? Check the appropriate box:

- 1. I am an employer with 3 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]**
- 4.0 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: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lie.# _____ 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 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: 11-3-21

Phone #: 617-792-9900

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



Executed In Duplicate

Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 64847862

Effective Date: October 25th, 2019

KNOW ALL PERSONS BY THESE PRESENTS:

That we, STANS AUTOMOTIVE, 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 _____

1000 COMMONWEALTH AVE, NEWTON, MA 02459

by First Class U.S. Mail. _____ Address

Dated this 25th day of October, 2019



STANS AUTOMOTIVE, INC Principal

By: _____

WESTERN SURETY COMPANY, Surety

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



UTICA NATIONAL INSURANCE GROUP
 180 Genesee Street
 New Hartford, NY 13413

WC 000001A

Issuing Company: Utica Mutual Insurance Company
 MEMBER OF UTICA NATIONAL INSURANCE GROUP

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Information Page

1. The Insured and Mailing Address:

STAN'S AUTOMOTIVE, INC
 249 CENTRE ST

NEWTON MA 02458

Policy Number: 5016344

Prior Policy Number:

Producer: Nolan Ins. Agency, Inc.
 P.O. Box 938
 Manomet, MA 02345

Entity of Insured: Corporation

Producer Number: 70296

SIC#: 55211

Other workplaces not shown above:

Insured's I.D. Number: 460894456

NCCI Company Number: 15717

Risk I.D. Number:

2. The policy period is from 02/16/2021 **to** 02/16/2022 **12:01 AM Standard Time at the insured's mailing address.**

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$500,000	Each Accident
Bodily Injury by Disease	\$500,000	Policy Limit
Bodily Injury by Disease	\$500,000	Each Employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All States except those listed in Item 3.A., ND, OH, WA, WY

D. This policy includes these endorsements and schedules:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

<input type="checkbox"/> See Extension of Information Page Classifications	Code No.	Premium Basis Total est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Minimum Premium: \$ 261	MA	Expense Constant		\$
Employer's Liab Minimum Premium: \$		Total Estimated Annual Premium		\$ 3,424
If indicated below, interim adjustments of premium shall be made:				Deposit Premium \$ 3,424

Issuing Office: New Hartford, NY 13413

Date of Issue: 01-08-2021

Countersigned by Sharon C Peck

8-D-WC Ed. 08-2008

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BILLING NO. 201031005

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
EXTENSION OF INFORMATION PAGE**

Item 4. Continued

Page: 1

NCCI Company Number: 15717

Policy Number: 5016344

Classifications	Code No.	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
State: MA Location #:1 Automobile Salespersons (8748) 8748 Term: (02/16/21-02/16/22)	8748	266,146	0.59	\$1,570
State: MA Location #:1 Automobile Service Or Repair Center And Dr (8380) 8380 Term: (02/16/21-02/16/22)	8380	53,040	2.33	\$1,236
State: MA Location #:1 Clerical Office Employees Noc (8810) 8810 Term: (02/16/21-02/16/22)	8810	172,309	0.06	\$103
Term: (02/16/21-02/16/22)				
Manual Premium				\$2,909
Employers Liability	9807		1%	\$29
Employers Liability to Minimum	9848			\$21
Subject Premium				\$2,959
Experience Modification	9898		0.96	-\$118
Modified Premium				\$2,841
Standard Premium				\$2,841
Expense Constant	0900			\$338
Certified Acts of Terrorism (CAOT)	9740		.0300	\$147
DIA Assessment			.0351	\$98
Total State Premium				\$3,424



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