



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

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 John Bortone / DBA / Velocity Motors

Business address: 14 Hawthorn St

Telephone number 617-584-6266

Email _____

2. Is the above concern an individual, co-partnership, an association or a corporation? ind.

3. If an individual, state full name and residential address.
John Bortone 19 Sutcliffe Pk Newton, MA.

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 _____

Secretary _____

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.

14 Hawthorn St.

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

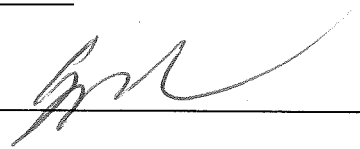
If so, state name of manufacturer _____

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) _____

Did you receive a license? YES 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? NO

PRINT and SIGN your name in full John Bartone 

(Duly authorized to represent the concern herein mentioned)
Residence _____

Telephone 617-534-6266

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: Velocity Motors

Address: 14 Hawthorn St.

City/State/Zip: Newton MA

Phone #: 617 584-6266

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5.0 Retail</p> <p>6.0 Restaurant/Bar/Eating Establishment</p> <p>7.0 Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8.0 Non-profit</p> <p>9.0 Entertainment</p> <p>10.0 Manufacturing</p> <p>11.0 Health Care</p> <p>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: _____

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: 12-16-21

Phone #: 617-584-6266

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
Tel #617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

MASSACHUSETTS USED CAR DEALER'S BOND

Bond No. 10103837

Effective Date: 02/25/2020

KNOW ALL MEN BY THESE PRESENTS, that we, Velocity Motors of Massachusetts, as Principal, and Hudson Insurance Company, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firm bound unto _____, as Oblige, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of Twenty Five Thousand Dollars (\$ 25,000) 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 Dealer having an established place of business at 14 Hawthorn St Newton, MA 02459 the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall faithfully observe the provisions of Chapter 140, Section 58 as amended by Chapter 422 of the Acts of 2002, then this obligation shall void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall no event exceed the amount of this bond regardless of the number of claims against the bond or the number of y the bond remains in force.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a cc of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the ac 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. Notice of any suit under this bond must be made in writing to the Oblige (written acknowledgement of receipt of said notice by the Oblige be prima facie evidence of compliance with this requirement of notice). This bond shall cover only those acts at omissions as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002.

This bond shall be continuous and may be cancelled by the Surety by giving sixty (60) days notice in writing by certified mail to the Oblige and bond shall be deemed canceled.

Dated this 27th day of February, 2020

Velocity Motors, Principal

By: _____

Hudson Insurance Company, Surety

By: _____

Jo Ann Smith, Attorney-in-fact



HUDSON INSURANCE GROUP

10103837

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, appoint

Jo Ann Smith

of the State of OH

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

Twenty Five Thousand Dollars (\$25,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President there on this 08th day of February, 2020 at New York, New York.



Attest: Dina Daskalechis Corporate Secretary

[Signature of Dina Daskalechis]

HUDSON INSURANCE COMPANY

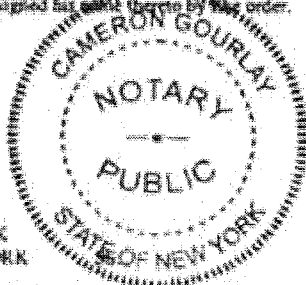
By: Michael P. Cifone Senior Vice President

[Signature of Michael P. Cifone]

STATE OF NEW YORK COUNTY OF NEW YORK SS.

On the 08th day of February, 2020 before me personally came Michael P. Cifone to me known, who being by me duly sworn deposes and says that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the corporation described herein and which executed the above instrument that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereon by the order.

(Notarial Seal)



CAMERON GOURLAY Notary Public, State of New York No. 01G06372305 Qualified in New York County Commission Expires June 4, 2022

[Signature of Cameron Gourlay]

CERTIFICATION

STATE OF NEW YORK COUNTY OF NEW YORK

The undersigned Dina Daskalechis hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice President, the Senior Vice Presidents and the Vice Presidents shall have the authority, in their discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOLVED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any portion of any bond or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as if manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth herein, is now in force.



In witness whereof, I have signed these presents and the seal of said Corporation this 27th day of February, 2020

Jennifer Breslouf

From: Cassidy Flynn
Sent: Wednesday, January 5, 2022 8:49 AM
To: Jennifer Breslouf
Subject: FW: Velocity/Enzo's Bond
Attachments: 2022 Auto Dealer Package.pdf

From: Cassidy Flynn
Sent: Monday, December 20, 2021 4:27 PM
To: John Bor <velocitymotorsinc@yahoo.com>
Subject: RE: Velocity/Enzo's Bond

Good Afternoon,

Attached is the Workers Comp sheet. Please let me know if you have any questions or concerns.

Thank you,
Cassidy Flynn
Assistant Clerk of the City Council
City of Newton
(617) 796-1213

From: John Bor <velocitymotorsinc@yahoo.com>
Sent: Monday, December 20, 2021 4:01 PM
To: Cassidy Flynn <cflynn@newtonma.gov>
Subject: Velocity/Enzo's Bond

[DO NOT OPEN links/attachments unless you are sure the content is safe.]

Hi Cathy,
Nice speaking with you today. Here are my Bonds. Please let me know you received and have a Merry Christmas!
Be safe, John Bortone