

RECEIVED

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CITY CLERK  
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 United Auto Center Inc

Business address: 454 Watertown St Newton MA 02460

Telephone number 617 467 5259

Email JRCCautosales@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 FRANCISCO DE SALES BARBOSA NETO

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

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

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

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 / Revere

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 Francisco de Sales Barbosa Neto 

(Duly authorized to represent the concern herein mentioned)  
Residence 9 Kent St Saugus MA 01906

Telephone 617 337 7969

**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: UNITED AUTO CENTER

Address: 454 Wadertown St Newton MA 02460

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p><input checked="" type="radio"/> 1. I am an employer with <u>3</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 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><b>Business Type (required):</b></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"/> 11.0 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: \_\_\_\_\_

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: 12/20/2021

Phone#: \_\_\_\_\_

*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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

Massachusetts



# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 65541125

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: June 23rd, 2021

That we, United Auto Center, 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).

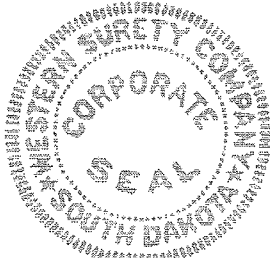
NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid 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 454 WATERTOWN STREET, newton, MA 02160

by First Class U.S. Mail. \_\_\_\_\_ Address \_\_\_\_\_

Dated this 25th day of June, 2021.



United Auto Center, 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. Bruflat of Sioux Falls,  
State of South Dakota, its regularly elected 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 Second Hand Motor Vehicle Dealer

bond with bond number 65541125

for United Auto Center

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:

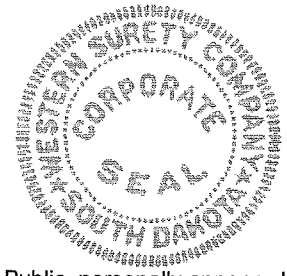
Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors 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 Vice President with the corporate seal affixed this 25th day of June, 2021.

ATTEST

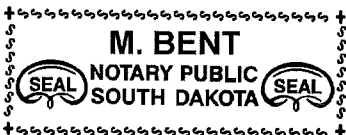
P. Leitheiser  
P. Leitheiser, Assistant Secretary

WESTERN SURETY COMPANY  
By Paul T. Bruflat  
Paul T. Bruflat, Vice President



STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

On this 25th day of June, 2021, before me, a Notary Public, personally appeared Paul T. Bruflat and P. Leitheiser who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as 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 March 2, 2026

M. Bent  
Notary Public

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.



Billing Questions (888) 866-2666  
Email [info@cnasurety.com](mailto:info@cnasurety.com)

Premium \$250.00

United Auto Center  
454 Watertown Street  
Newton, MA 02160

<b>Amount Due</b>	<b>\$250.00</b>
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**Bond Detail**

**Bond #** 65541125  
**Company** Western Surety Company  
**Effective Date** 06/23/2021  
**Anniversary Date** 06/23/2022  
**Bond Amount** \$25,000.00  
**Description** Second Hand Motor Vehicle Dealer

**Agent Information** **Messages**

Ultimate Insurance Agency, L L C  
28 Boston Post Road East #3  
Marlborough, MA 01752  
(508)485-1835

**Payment Instructions**



- Pay Online at [ONLINEPAY.CNASURETY.COM](http://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

United Auto Center  
**Bond #** 65541125  
**Company** 0601  
**Agency** 20-18601  
Ultimate Insurance Agency, L L C

<b>Payment Due</b>	06/23/2021	<b>Amount Due</b>	<b>\$250.00</b>
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**CNA Surety Direct Bill**  
**PO Box 957312**  
**St Louis, MO 63195-7312**

0003001 02018601000006232021 00601006554112500 00000002500004

**ERM FORM  
 REQUEST FOR OWNERSHIP INFORMATION**

All workers' compensation policies issued to Massachusetts employers require employers to report any changes in ownership to the insurance company in writing within 90 days of the change. This form is used to report such ownership changes and other changes as shown below. The information reported on this form is CONFIDENTIAL and will be used to assist in calculating the related employers' experience ratings and resulting premiums.

Sections I to V must be answered completely and the form must be signed, otherwise it will be returned.

**Section I. PURPOSE – Check only one.** If more than one Purpose applies, complete a separate form for each Purpose/change.

- NAME CHANGE** – The name of the entity has changed. Attach supporting legal documentation if applicable.
- FORMATION OF A NEW ENTITY** THAT ACTS AS, OR IN EFFECT IS, A SUCCESSOR TO ANOTHER ENTITY THAT -  
 (Select one:)  Has dissolved  Is non-operative  May continue to operate in a limited capacity  
 Provide the dates Entity 1 became inactive and Entity 2 became active in Section IV.
- DETERMINATION OF COMBINABILITY** OF SEPARATE ENTITIES.  
 The experience of two or more entities may need to be combined or separated based on their ownership interest.
- SALE OR TRANSFER OF OWNERSHIP INTEREST** – Complete or partial sale of the business entity's ownership interest.
- SALE OR TRANSFER OF PHYSICAL ASSETS TO ANOTHER ENTITY** WHICH TAKES OVER ITS OPERATIONS.  
 Describe the following in Section II:  
 - The assets that were sold/transferred - The percentage of seller's employees who will work for the buyer  
 - The locations that were sold/transferred - The involvement the seller will have in the business after the sale  
 - The changes made to the operation, if any
- MERGER OR CONSOLIDATION** – Two or more entities have merged or combined to form a single entity.  
 Attach a signed copy of the Agreement and/or Articles of Merger.
- AN IRREVOCABLE TRUST OR RECEIVER** ESTABLISHED EITHER VOLUNTARILY OR BY COURT MANDATE -  
 A change has occurred in the business requiring the entity be put in a trust or receivership. Attach legal documentation.

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_  
 (Required for all Purposes except Determination of Combinability)

**Section II. NARRATIVE DESCRIPTION – Mandatory** Provide a description of the transaction being reported, and include the names of the entities involved.

Circle Auto Gallery, Inc. dba Jr Car Sales of 400 Beach St, Revere, MA and United Auto Center, Inc. dba Jr Car Sales of 454 Watertown Street, Newton, MA have common ownership of each car dealership: Francisco D. Barbosa Neto, who is the president of both entities.

**Section III. SUBMITTER INFORMATION** – Contact information for the person submitting the form.

Kara Sandock  
 \_\_\_\_\_  
 Name

HUB International Insurance  
 \_\_\_\_\_  
 Company

978-661-6827  
 \_\_\_\_\_  
 Phone Number

Account Manager  
 \_\_\_\_\_  
 Title

Insurance Agent  
 \_\_\_\_\_  
 Relationship to Business Reporting Ownership Information

kara.sandock@hubinternational.com  
 \_\_\_\_\_  
 Email Address



**Section IV. OWNERSHIP INFORMATION** – Provide details below for each entity involved in the transaction described on page one. If additional space or columns are required, use additional forms and/or submit a signed letter on the employer's letterhead.

	<b>ENTITY 1</b> Entity <u>before the change</u> or to determine combinability with another entity	<b>ENTITY 2</b> Entity <u>after the change</u> or to determine combinability with another entity	<b>ENTITY 3</b> Entity <u>after the merger</u> or to determine combinability with another entity
<b>Name of Business</b>	Circle Auto Gallery, Inc. dba Jr Car Sales	United Auto Center, Inc. dba Jr Car Sales	
<b>Primary Location</b> PO Boxes not acceptable	400 Beach Street, Revere, MA 02151	454 Watertown Street, Newton, MA 02460	
<b>FEIN</b> (No SSNs)	FEIN: 87-2322222	FEIN: 61-1955182	
<b>Insurance Co.</b> Policy Number Policy Effective Date	Guard Insurance, Policy # CIWC253888, Eff 11/16/21	Guard Insurance, Policy # CIWC253888, Eff 11/16/21	
<b>NCCI Risk ID No.</b> If applicable			
<b>Legal Status</b> LLC, Sole Proprietorship, Partnership, Corporation, etc.	Incorporated	Incorporated	
<b>Owners' Names &amp; %s of Ownership *</b> <b>Sole Proprietor</b> – Owner <b>Partnership</b> – Partners & %s of Ownership <b>Corporation</b> – Owners(s) & %s of Ownership <b>Limited Liability Company (LLC)</b> – Member(s) & %s of Ownership <b>Limited Partnership</b> – General Partner(s) & %s of Ownership <b>Other</b> – Board of Directors, Trustee, Receiver, or Comparable Governing Body	List Owners' Names & Ownership %s Francisco D. Barbosa Neto  <input type="checkbox"/> Voting shares reported*	List Owners' Names & Ownership %s Francisco D. Barbosa Neto  <input type="checkbox"/> Voting shares reported*	List Owners' Names & Ownership %s  <input type="checkbox"/> Voting shares reported*
<b>Date Name/Ownership in Each Column Became Effective</b>	07/25/2012	2/6/2020	
<b>Active or Inactive?</b> If inactive, provide the date of inactivity.	Active	Active	
For WCRIBMA use only			

\* When the percentage of ownership differs from the percentage of voting shares, report the percentage of voting shares.

Note: If any owners shown on this form have had current or prior ownership in any business not shown on this form, then complete a separate ERM Form for the purpose of determination of combinability of separate entities.

**Section V. CERTIFICATION** – By signing this ERM Form, I certify under the pains and penalties of perjury that:

- I am a legal owner or officer of one or more entities reporting information on this form, and
- All information provided on this form is complete and correct, and
- I understand that providing false information on this form may be a violation of Massachusetts General Law, Chapter 152, Section 14(3) and considered a material misrepresentation; therefore providing false information may result in the cancellation of workers' compensation coverage.

*Francisco D Barbosa Neto*

12/01/2021 15:53 UTC

OWNER

Signature

Date

Title

Francisco D Barbosa Neto

UNITED AUTO CENTER

Printed Name

6173377969

Company

CIRCLEAUTO400@GMAIL.COM

Phone Number

Email Address



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