

# Jacob's Auto Sales & Service

# 32-22

Jacob & Associates Inc  
1232 Washington Street  
Newton, MA 02465  
Sam Jacob  
Phone:  
(617) 527-9525  
Fax:  
(617) 558-9327  
Website:  
JacobAutoSales.com



## CITY OF NEWTON FOR LICENSE TO BUY, SELL, EXCHANGE MOTOR VEHICLES OR PARTS THEREOF 2022

RECEIVED  
2021 DEC 28 AM 10:05  
CITY CLERK  
NEWTON MA 02459

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 Jacob & Associates, Inc.  
Business address: 1232 Washington St.  
Newton, MA 02465  
Telephone number 617-527-9525  
Email jacob.service@yahoo.com

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

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. n/a

5. If an association or a corporation, state full names and residential addresses of the principal officers.

President Hussem Jacob  
11 Cogswell Ct Needham, MA 02492

Secretary same as above

Treasurer same as above

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.

1232 Washington St.  
Newton, MA 02465

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

If so, state name of manufacturer n/a

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? 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 Hussem Jacob 

(Duly authorized to represent the concern herein mentioned)

Residence \_\_\_\_\_

Telephone \_\_\_\_\_

**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  
CITY OF NEWTON

NUMBER  
#5-21

FEE  
\$200.00

**USED CAR DEALER'S LICENSE – CLASS II**  
TO BUY AND SELL SECOND-HAND MOTOR VEHICLES

In accordance with the provisions of Chapter 140 of the General Laws with amendments thereto

Jacob & Associates, Inc.

is hereby licensed to buy and sell second-hand motor vehicles at:

1232 Washington Street, Newton, MA. 02465

On premises described as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date issued: January 1, 2021

  
\_\_\_\_\_  
David A. Olson  
City Clerk

**THIS LICENSE EXPIRES JANUARY 1, 2022**



REGISTRY OF MOTOR VEHICLES

THE COMMONWEALTH OF MASSACHUSETTS  
REGISTRY OF MOTOR VEHICLES  
www.mass.gov/rmv

MASTER REGISTRATION

NAME(S) OF OWNER(S) AND MAILING ADDRESS JACOB AND ASSOCIATES INC 1232 WASHINGTON ST W NEWTON MA 02465	PLATE TYPE Dealer Normal	REGISTRATION NUMBER 3554
	EFFECTIVE DATE 01-Apr-2021	EXPIRATION DATE 31-Mar-2022
DEALER CLASS 2	BUSINESS TYPE Dealer	INSURANCE COMPANY CENTRAL MUTUAL INSURANCE COMPANY
OWNER TYPE Corporation	NO. OF PLATES 2	BUSINESS ADDRESS 1232 WASHINGTON ST W NEWTON MA 02465

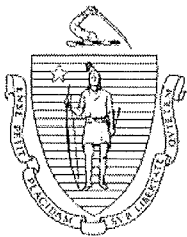
IMPORTANT INFORMATION

- Massachusetts General Laws, Chapter 90 Section 11, exempts a Section Five registrants from carrying a registration on his person or in the vehicle.
- Massachusetts General Laws, Chapter 90 Sections 5 and 33, make provision for a Section Five plate holder to be issued one registration certificate showing the General Distinguishing Number or mark assigned.
- By law, you must report any change of address to the Registry of Motor Vehicles, Section 5 Division by completing the Name/Address Change Request Form and submitting it with the required supporting documents within 30 days of the move.
- Plates issued by the Registrar remain the property of the RMV, are not transferable, and may not be sold, rented, leased, loaned, reassigned or transferred in any other manner by the plate holder, registrant or any agent on behalf of the plate holder or registrant. Further, if the General Registration plate or any registration plate issued as a result of this General Registration is found in the possession of a person or on a vehicle not authorized by law, regulation or RMV policy to possess or display such plate, it may be seized at the discretion of the Registrar her agent or enforcement officer.

The Registrant may be summoned by the RMV for enforcement action and possible loss of General Registration and all General Registration plates.

Registry of Motor Vehicles  
Section 5 Division  
PO Box 55897  
Boston, MA 02205

Section 5 phone: (857) 368-8030



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

Please Print Legibly

Business/Organization Name: Jacob & Associates Inc. DBA Jacob Auto Service

Address: 1232 Washington Street

City/State/Zip: Newton MA 02465 Phone #: 617-527-9525

**Are you an employer? Check the appropriate box:**

- 1.  I am an employer with 4 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.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other repair shop & used auto sales

\*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: Graphic Arts Mutual Insurance Company/Utica National Insurance Group

Insurer's Address: 180 Genesee Street

City/State/Zip: New Hartford NY 13413

Policy # or Self-ins. Lic. # 4296217 Expiration Date: 03/16/2022

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under § 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: Hussem Jacob Date: 12/22/2021

Phone #: 617-527-9525

*Official use only. Do not write in this area, to be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (check 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**  
Lafayette City Center  
2 Avenue de Lafayette,  
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

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



UTICA NATIONAL INSURANCE GROUP

180 Genesee Street
New Hartford, NY 13413

WC 000001A

Issuing Company: Graphic Arts Mutual Insurance Company
MEMBER OF UTICA NATIONAL INSURANCE GROUP

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Information Page

1. The Insured and Mailing Address:
JACOB & ASSOCIATES INC DBA JACOB AUTO SERVICE
1232 WASHINGTON ST
WEST NEWTON MA 02465

Policy Number: 4296217
Prior Policy Number:
Producer: Eastern Ins Group, LLC
233 West Central Street
Natick, MA 01760

Entity of Insured: Corporation

Producer Number: 70040

Other workplaces not shown above:

SIC#: 7538

Insured's I.D. Number: 043147183
Risk I.D. Number: MA:000116071

NCCI Company Number: 15822

2. The policy period is from 03/16/2021 to 03/16/2022 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:

Table with 3 columns: Injury Type, Amount, and Limit/Employee. Rows include Bodily Injury by Accident (\$500,000 Each Accident), Bodily Injury by Disease (\$500,000 Policy Limit), and 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.

Table with 5 columns: Classification, Code No., Premium Basis, Rate Per \$100 of Remuneration, and Estimated Annual Premium. Includes a row for Minimum Premium (\$261) and Employer's Liab Minimum Premium (\$5,857).

Issuing Office: New Hartford, NY 13413

Date of Issue: 02-02-2021

Countersigned by

Shannon C Peck

8-D-WC Ed. 08-2008

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BILLING NO. 100812343



**UTICA MUTUAL INSURANCE COMPANY  
NEW HARTFORD, NEW YORK  
EXECUTION REPORT FOR BOND**

U/W Code

<b>CODING SOURCE</b> 0#	<b>EFFECTIVE DATE</b> 12/30/2021						
<b>POLICY NUMBER</b> SU SU4373734	<b>EXPIRATION DATE</b> 12/30/2022						
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> ENDORSEMENT	<b>TRANS. EFFECTIVE DATE</b>						
<b>INSURED</b> Jacob & Associates, Inc.  <b>ADDRESS</b> 1232 Washington St  Newton, MA 02465-2146	<b>BOND AMOUNT</b> \$25,000.00						
	<b>TOTAL PREMIUM</b> \$250.00						
	<b>CSP/POLICY TYPE</b>						
	<b>TRANS.</b> <b>POLICY CT</b> <b>UND.</b>						
<b>OBLIGEE (FULL ADDRESS REQUIRED)</b> City of Newton  1000 Commonwealth Ave  Newton, MA 02459	<b>SIC #</b> <b>BILL CODE</b> 1						
<b>NATURE OF RISK</b> Motor Vehicle Dealer Bond	<b>LINE</b>						
	<b>STATE OR FOREIGN COUNTRY</b>						
	<b>TAX TOWN (Required for AL, FL, GA, KY, LA, SC)</b>						
	<b>PLAN</b>						
<b>SERIES X</b> <b>COMPANY CODE</b> 1	<b>PLAN WITH SURCHARGE (Required for KY)</b>						
<b>REG. OFF.</b> <b>AGENT NO.</b> 70040	<b>COMMISSION</b> 30						
<b>AGENT</b> EASTERN INS GROUP, LLC  <b>ADDRESS</b> 233 WEST CENTRAL STREET , NATICK                      , MA 01760	<b>CLASS CODE</b> 927						
	<b>FIDELITY FORM (Col. 48)</b>						
	<b>SURETY TYPE OF CONTRACT (Col. 50)</b>						
	<b>GROSS LIMIT</b> <b>TREATY LIMIT</b>						
<b>RENEWAL METHOD:</b> <input type="checkbox"/> COLLECTION OF PREMIUM <input type="checkbox"/> CONTINUATION CERTIFICATE <input type="checkbox"/> NEW BOND	<b>ENDORSEMENT</b>						
<b>BOND APPROVED BY:</b>	<b>BOND SIGNED BY:</b> Ellen J. Young (Attorney-in-Fact) <b>DATE</b> 10/25/2021						
<b>REMARKS:</b>							
<b>INSTALLMENTS</b>	<b>1<sup>ST</sup> DUE/AMOUNT</b>	<b>2<sup>ND</sup> DUE/AMOUNT</b>	<b>3<sup>RD</sup> DUE/AMOUNT</b>				
<b>PLAN</b>	<b>STATE</b>	<b>TAX TOWN</b>	<b>PREMIUM FIELD 1</b>	<b>PREMIUM FIELD 2</b>	<b>END.</b>	<b>GROSS LIMIT</b>	<b>TREATY LIMIT</b>





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

RECEIVED

2021 DEC 23 AM 9:43

CITY CLERK  
NEWTON, MA 02459