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12/3/21

RECEIVED

2022 FEB 22 AM 8:54

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 Newton Collision Inc DBA GM Auto Body

Business address: 64 Crafts St Newton ma 02458

Telephone number 617-964-9000

Email Newtoncollisioninc@verizon.net

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

3. If an individual, state full name and residential address.
George Mourgis 276 River Street Newton MA 02465

4. If a co-partnership, state full names and residential addresses of persons composing it.
NO

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

President George Mourgis
276 River Street Newton MA 02465

Secretary Same

Treasurer Same

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? NO

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? NO

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.

Newton collision Inc 2 story building+ lot behind

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

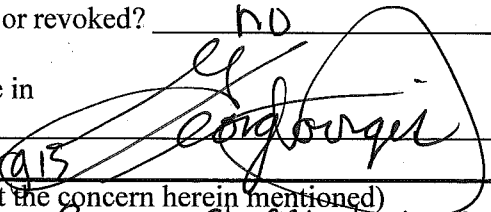
If so, state name of manufacturer —

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

Did you receive a license? yes For what year? —

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 George J. Mourais 

(Duly authorized to represent the concern herein mentioned)
Residence 276 River Street W. Newton ma 02465

Telephone 617-964-9000

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 Collision Inc

Address: 64 Crafts Street Newton Ma 02458

City/State/Zip: Newton ma

Phone #: 617-964-9000

Are you an employer? Check the appropriate box:

- 1. I am an employer with 5 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

* 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: Travelers

Insurer's Address: PO BOX 64095 St. Paul MN 55102-0095

City/State/Zip: _____

Policy # or Self-ins. Lie.# 9L06320A Expiration Date: 3/18/22

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: 12-3-21

Phone #: 617-964-9000

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#: _____

Issued Through:

A.A. Dority Company, Inc.

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company,
hereby continues in force its MA Used Car Dealer, Bond Number 560236

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

Newton Collision Inc. DBA GM Autobody

located at

64 Crafts St.
Newton, MA 02458

in favor of Town of Newton, MA

for the term beginning December 31, 2021 and ending on December 31, 2022, subject to all
covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall
not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly
authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 27, 2021

NGM Insurance Company

By: 

Jeffrey W. Crawford

Attorney-in-Fact

Producer:

A.A. Dority Company, Inc.

226 Lowell Street, Suite B-4

Wilmington, MA 01887

617-523-2935

Fax: 617-523-1707

DORITY COMPANY, INC.

ELL STREET, SUITE B-4, WILMINGTON, MA 01887
523-2935 FAX: 617-523-1707 www.aadorty.com

10/15/2021

Renewal

TAX ID# 04-2006385

Surety Bonds Since

due and payable as of the date of charge unless satisfactory cancellation evidence has been furnished.

DATE OF CHARGE

BOND DESCRIPTION

12/31/2021 Newton Collision Inc. DBA GM Autobody
(\$25,000.00) MA Used Car Dealer
12/31/2021 - 12/31/2022
Town of Newton, MA
NGM Bond No. 560236

\$25

Newton Collision Inc. DBA GM Autobody
64 Crafts St.
Newton, MA 02458

PAID

You must be a current member of MIADA to receive bond discount.

*Return
will incur*

A.A. DORRITY COMPANY, INC.

226 LOWELL STREET, SUITE B-4, WILMINGTON, MA 01887
TEL: 617-523-2935 FAX: 617-523-1707 www.aadority.com

This invoice is due and payable as of the date of charge unless satisfactory cancellation evidence has been furnished.

10/15/2021
Renewal
TAX ID# 04-2006385

Surety Bonds Since 1899

| Invoice No. | DATE OF CHARGE | BOND DESCRIPTION |
|-------------|----------------|------------------|
|-------------|----------------|------------------|

| | | | |
|--------|------------|---|----------|
| 565210 | 12/31/2021 | Newton Collision Inc. DBA GM Autobody (\$25,000.00) MA Used Car Dealer | \$250.00 |
|--------|------------|---|----------|

12/31/2021 - 12/31/2022
Town of Newton, MA
NGM Bond No. 560236

Newton Collision Inc. DBA GM Autobody
64 Crafts St.
Newton, MA 02458

You must be a current member of MILADA to receive bond discount.

PAID

Returned Check
will incur a \$30 Fee

Jennifer Breslouf

From: newtoncollisioninc@verizon.net
Sent: Tuesday, February 22, 2022 9:36 AM
To: Jennifer Breslouf
Subject: Re: BOND FOR BUY AND SELLING USED

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

Please mail it!!!! Thank you!!!

On 2/22/2022 9:19 AM, Jennifer Breslouf wrote:

Thank you!

This will go before the Land Use Committee next Tuesday, March 1, and then back to the City Council for a full vote on March 7th. The certificate should be ready for pick-up on or after March 9th (it will be retroactive to January 1, 2022).

If you would rather I just send this in the mail to you after it is ready, please let me know – I'm happy to do that.

Thank you
Jenn Breslouf
Office of the City Council
617-796-1218

From: newtoncollisioninc@verizon.net <newtoncollisioninc@verizon.net>
Sent: Tuesday, February 22, 2022 9:07 AM
To: Jennifer Breslouf <jbreslouf@newtonma.gov>
Subject: BOND FOR BUY AND SELLING USED

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

Let me know if you need anything else!

----- Forwarded Message -----

Subject: Buy and sell
Date: Tue, 22 Feb 2022 09:03:14 -0500
From: Tammy Monti <tammymonti67@icloud.com>
To: Newton Collision <newtoncollisioninc@verizon.net>