1/23/12
4

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 929-6611
SLedoux@acton-ma.gov
Fax 978-929-6611

Steven L. Ledoux
Town Manager

Acton Beacon
BY FAX

Atten: Legals

Please place the following ad in the Thursday, January 12, 2012 in the Legal Section of the ACTON BEACON. Please bill the applicant at the address listed below:

Mr. Eric Gilfix
41 Hayward Road
Acton, MA 0l720
978-500-2840

Very truly yours,

Christine M. Joyce
Town Manager's Office

C: Applicant
Filed: *ClassII/bin cmj*

TOWN OF ACTON
NOTICE OF HEARING

Notice is hereby given that the Board of Selectmen will hold a public hearing in in the Francis Faulkner Hearing Room, in the Town Hall on Monday, January 23, 2012 at 7:25 P.M. on the application of Eric Gilfix. d/b/a Leasefax for a Non-Display Class 1 Dealer's License (internet Leasing business) at 41 Hayward Road, Acton, MA.

Acton Board of Selectmen

Christine Joyce

From: Frank Widmayer
Sent: Thursday, January 05, 2012 4:59 PM
To: Christine Joyce
Subject: RE: Class I non-display license comments

I have no objection to the issuance of this license.

Frank J. Widmayer III
Chief of Police
978-263-2911

-----Original Message-----
From: Christine Joyce
Sent: Thursday, January 05, 2012 2:27 PM
To: Frank Widmayer; Building Department
Subject: Class I non-display license comments

-----Original Message-----
From: ATH-MGR-COPIER@acton-ma.gov [mailto:ATH-MGR-COPIER@acton-ma.gov]
Sent: Thursday, January 05, 2012 2:23 PM
To: Christine Joyce
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox multifunction device.

Attachment File Type: pdf

multifunction device Location: Town Hall, First Floor (Manager)
Device Name: ATH-MGR-COPIER

For more information on Xerox products and solutions, please visit http://www.xerox.com

Town of Acton
472 Main Street
Acton, MA 01720

SUPPLEMENTAL APPLICATION to Form 53
LICENSE TO SELL MOTOR VEHICLES ANNUAL FEE $100.00

Date: 1-6-2012

Business Owner: ERIC M GIRFIX
First Middle Initial Last

Address: 41 HAYWARD RD ACTON 01720 Telephone #: 617-509-3100
Town/City zip

Name of Business: LEASEFAX Attach copy of Business Certificate

Business Location: SAME Telephone # 617 509 3100

Corporation Name: (If applicable) _____ Attach copy of Articles of Incorporation

Address: SAME _____ FID # ___-_____
Town/City

Manager Name: SAME _____ _____
First Middle Initial Last

Address: SAME _____ _____
Town/City zip

Home Telephone: 978 500 0840 Cell Phone: 978 500 0840

Date of Birth: 01 13 59 Social Security number: 0[redacted]3320
Month Day Year

Please answer the following:
Number of vehicles to be stored at any one time: 0
Purpose (s) of vehicles to be stored: 0
Origin of vehicles to be stored 0

Do you plan to sell by auction in addition to retail? □ Yes ☒ No

Be sure that the following documents are attached:
1. Form 53 - Application for a License to Buy, Sell, Exchange or Assemble Second Hand Motor Vehicles
2. Business certificate (Issued by Town Clerk's Office) or Articles of Incorporation
3. Certificate of Compliance with State Laws, completed and signed
4. Workers' Compensation Insurance Affidavit, completed and signed
5. Plot plan of property to used for storage of motor vehicles

Applicant signature: _____

Application – Class I & II Car Dealers
Dealer's License
Bin/Licenses

THE COMMONWEALTH OF MASSACHUSETTS

Town OF Acton

APPLICATION FOR A LICENSE TO BUY, SELL, EXCHANGE OR ASSEMBLE SECOND HAND MOTOR VEHICLES OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a NON-DISPLAY class license, to Buy, Sell, Exchange or Assemble second hand motor vehicles or parts thereof, in accordance with the provisions of Chapter 140 of the General Laws. CLASS II

1. What is the name of the concern? LEASFAX

Business address of concern. No. 41 HAYWARD RD ACTON St., MA. 01720 City — Town.

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

3. If an individual, state full name and residential address.

ERIC GILFIX 41 HAYWARD RD ACTON, MA 01720

4. If a co-partnership, state full names and residential addresses of the 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? BUYING

If so, is your principal business the sale of new motor vehicles? LEASING

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 to be used for the purpose of carrying on the business.

MY HOME

8. Are you a recognized agent of a motor vehicle manufacturer? NO (Yes or No)

If so, state name of manufactuer _____

9. Have you a signed contract as required by Section 58, Class 1? NO (Yes or No)

10. Have you ever applied for a license to deal in second hand motor vehicles or parts thereof? NO (Yes or No)

If so, in what city — town _____

Did you receive a license? _____ (Yes or No) 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 (Yes or No)

Sign your name in full [signature] (Duly authorized to represent the concern herein mentioned)

Residence ACTON, MA.

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.

NOTE: If the applicant has not held a license in the year prior to this application, he must file a duplicate of the application with the registrar. (See Sec. 59)

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

Application after investigation _____
(Approved or Disapproved)

License No. _____ granted _____ 20 ____ Fee $ _____

Signed _____

_____

_____

_____

_____

_____

CHAPTER 140 OF THE GENERAL LAWS, TER. ED., WITH AMENDMENTS THERETO (EXTRACT)

SECTION 57. No person, except one whose principal business is the manufacture and sale of new motor vehicles but who incidentally acquires and sells second hand vehicles, or a person whose principal business is financing the purchase of or insuring motor vehicles but who incidentally acquires and sells second hand vehicles, shall engage in the business of buying, selling, exchanging or assembling second hand motor vehicles or parts thereof without securing a license as provided in section fifty-nine. This section shall apply to any person engaged in the business of conducting auctions for the sale of motor vehicles.

SECTION 58. Licenses granted under the following section shall be classified as follows:

Class 1. Any person who is a recognized agent of a motor vehicle manufacturer or a seller of motor vehicles made by such manufacturer whose authority to sell the same is created by a written contract with such manufacturer or with some person authorized in writing by such manufacturer to enter into such contract, and whose prinicpal business is the sale of new motor vehicles, the purchase and sale of second hand motor vehicles being incidental or secondary thereto, may be granted an agent's or a seller's license; provided, that with respect to second hand motor vehicles purchased for the purpose of sale or exchange and not taken in trade for new motor vehicles, such dealer shall be subject to all provisions of this chapter and of rules and regulations made in accordance therewith applicable to holders of licenses of class 2.

Class 2. Any person whose principal business is the buying or selling of second hand motor vehicles may be granted a used car dealer's license.

Class 3. Any person whose principal business is the buying of second hand motor vehicles for the purpose of remodeling, taking apart or rebuilding the same, or the buying or selling of parts of second hand motor vehicles or tires, or the assembling of second hand motor vehicle parts, may be granted a motor vehicle junk license.

SECTION 59. The police commissioner in Boston and the licensing authorities in other cities and towns may grant licenses under this section which will expire on January first following the date of issue unless sooner revoked. The fees for the licenses shall be fixed by the licensing board or officer, but in no case shall exceed $100. dollars. Application for license shall be made in such form as shall be approved by the registrar of motor vehicles, in sections fifty-nine to sixty-six, inclusive, called the registrar, and if the applicant has not held a license in the year prior to such application, such application shall be made in duplicate, which duplicate shall be filed with the registrar. No such license shall be granted unless the licensing board or officer is satisfied from an investigation of the facts stated in the application and any other information which they may require of the applicant, that he is a proper person to engage in the business specified in section fifty-eight in the classifications for which he has applied, that said business is or will be his principal business, and that he has available a place of business suitable for the purpose. The license shall specify all the premises to be occupied by the licensee for the purpose of carrying on the licensed business. Permits for a change of situation of the licensed premises or for addition thereto may be granted at any time by the licensing board or officer in writing, a copy of which shall be attached to the license. Cities and towns by ordinance or by-law may regulate the situation of the premises of licensees within class 3 as defined in section fifty-eight, and all licenses and permits issued hereunder to persons within said class 3 shall be subject to the provisions of ordinances and by-laws which are hereby authorized to be made. No license or permit shall be issued hereunder to a person within said class 3 until after a hearing, of which seven days' notice shall have been given to the owners of property abutting on the premises where such license or permit is proposed to be exercised. All licenses granted under this section shall be revoked by the licensing board or officer if it appears, after hearing, that the licensee is not complying with sections fifty-seven to sixty-nine, inclusive, or the rules and regulations made thereunder; and no new license shall be granted to such person thereafter, nor to any person for use on the same premises, without the approval of the registrar. The hearing may be dispensed with if the registrar notifies the licensing board or officer that a licensee is not so complying. Any person aggrieved by any action of the licensing board or officer refusing to grant, or revoking a license for any cause may, within ten days after such action, appeal therefrom to any justice of the superior court in the county in which the premises sought to be occupied under the license or permit applied for are located. The justice shall, after such notice to the parties as he deems reasonable, give a summary hearing on such appeal, and shall have jurisdiction in equity to review all questions of fact or law and may affirm or reverse the decision of the board or officer and may make any appropriate decree. The decision of the justice shall be final.

CERTIFICATE OF COMPLIANCE WITH STATE LAWS

Pursuant to M.G.L Chapter 62C, Sec 49A, and M.G.L. Ch. 151A, Section 19A, the Undersigned acting on behalf of the License Holder, certifies under the penalty of perjury that, to the best of the undersigned knowledge and belief, the License Holder is in Compliance with all laws of the Commonwealth of Massachusetts relating to taxes, Reporting of employees and contractors, and withholding and remitting child support*.

_____

** Signature of Individual or Corporate License Holder (Mandatory)

0235[redacted]0

*** License Holder's Social Security Number/or Federal Identification Number

By: _____ Date: 1-6-2012

Corporate Officer

(Mandatory, if applicable)

*The provision in the Attestation of relating to child support applies only when the License Holder is an individual.

**Approval of or a renewal of a license will not be granted unless this certification clause is signed by the applicant. For all corporations, a certified copy of the vote of the Board of Directors must be provided.

*** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a license or other Agreement issued, renewed or extended. This request is made under the authority of Massachusetts General Laws, Chapter 62C, section 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: LEASEFAX

Address: 41 HAYWARD RD.

City/State/Zip: ACTON, MA 01720 Phone #: 978-500-8840

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ 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 _____

*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. Lic. # _____ 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: [illegible] Date: 1-6-2012

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."

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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia