

# *City of Chicopee*

## *Office of the City Clerk*

Keith W. Rattell  
City Clerk  
Jan Lee Nash  
Assistant City Clerk

City Hall – 17 Springfield Street – Chicopee, Ma 01013  
Tel: (413) 594-1466 Fax: (413) 594-1469  
[www.chicopeema.gov](http://www.chicopeema.gov)

TO: George Moreau  
President, City Council

C: City Council

FROM: Keith W. Rattell  
City Clerk

DATE: December 30, 2014

RE: City Council Minutes from the December 16, 2014 Meeting

Attached are the minutes of the roll call sheets from the December 16, 2014 City Council Meeting. Additionally, the Audio version of this meeting is on file in my office if any questions arise, or if you need to make a copy of this disc.

RECEIVED  
2014 DEC 30 AM 9:23  
CITY COUNCIL  
CHICOPEE MA

CHICOPEE, MASSACHUSETTS

December 16, 2014

\*MEETING OPENED BY PRESIDENT MOREAU AT 7:15 P.M.

PUBLIC INPUT

None

KEITH W. RATTELL  
CITY CLERK





Roll Call at: 7:15

Adjourned at: 9:00

Meeting Date: 12/16/14

Page of 3 of 5

	4	4	4	10	10	10	10	10	10	12
A. PASS										
B. REFER TO										
C. LAY ON THE TABLE										
D. TAKE FROM COMMITTEE										
E. ADOPT										
F. GRANT										
G. DENY										
H. ADJOURN										
COUNCILOR	18	19	20	21	22	23	24	25	26	27
1. Moreau, George R, Pres	X	X	X	X						
2. Laffame, Frank N.	X	X	X							
3. Roy, Gerard (Jerry) A.	X	X	X							
4. Tiltonson, James K.	X	X	X							
5. Zygalowski, Robert J.	X	X	X							
6. Lamontagne, Adam D.	X	X	X							
7. Brooks, Shane D.	X	X	X							
8. Vieau, John L.	X	X	X							
9. Zaskey, William M.	X	X	X							
10. Krampits, Fred T.	X	X	X							
11. McLellan, Timothy S.	X	X	X							
12. Labrie, Gary R.	X	X	X							
13. Roy, Gerry	X	X	X							





Agenda for the City Council Meeting on Tuesday, December 16, 2014 at 7:15 pm in the Council Chambers is as follows:

Public Input

- C-1 Communication from Sergey Savonin withdrawing the Special Permit application for 0 Montgomery Street.
- MO-1 Mayors appropriation of Nine thousand one hundred sixty four and 77/100 dollars (\$9,164.77) to the following named account: Emergency Management Expense Account for Special Services from available funds in the Emergency Management Salary Account for Director.
- MO-2 Mayors appropriation of Two thousand seven hundred thirty five and 00/100 dollars (\$2,735.00) to the following named account: Health Special Account for Court Ordered Property Cleanup from available funds in the Undesignated Fund Balance "Free Cash" Account.
- MO-3 An order authorizing the exemption of interest for Emergency Management Director Glenn X. Joslyn to allow his company "Odd Jobs Unlimited" to contract with the City of Chicopee in accordance with the provision of Massachusetts General Law 268A Section 20.

MO-4 To the City Council:

You are hereby notified that I have this day appointed, Tanya Marlow, 90 McKinstry Avenue, Apartment 113, Chicopee, Massachusetts as a member of the Commission for the Disabled to serve in such office for the term of 3 years expiring on the 11th of October, 2017. To which appointment I ask the confirmation of your honorable council.

New Appointment

- 5 A Zoning Committee Report for an application for a Special Permit under Section 275-53 C (2) for the purpose of area and frontage requirement to construct a new 2 family house located at 0 Montgomery Street (Assessors ID 0230-00014). Applicant: Sergey Savonin, 11 Liberty Avenue, Agawam, MA 01001.
- 6 A favorable License Committee Report with motion for an application for an amendment for a name change for Jan's Auto Service at 1737 Donahue Road to: J. F. Wegrzynek, Inc. d/b/a Jan's Auto Service. Applicant: Jan Wegrzynek, 14 Overlook Drive, Wilbraham, MA 01095.
- 7 A favorable License Committee Report with motion for 2015 Class II License renewal for J.F. Wegrzynek, Inc. DBA Jan's Auto Service, 1737 Donahue Road. Applicant: Jan Wegrzynek, 14 Overlook Drive, Wilbraham, MA 01095.
- 8 A favorable License Committee Report with motion for an application for a Class III License for Federico Sales and Service located at 241 East Street. Applicant: Francis Federico, 323 Burlingame Street, Palmer, MA 01069.
- 9 A favorable License Committee Report with new restrictions ordered that the license holder of Vanguard Consignment House, 450 New Ludlow Road, be called in before the License Committee for possible suspension or revocation.
- 10 A favorable License Committee Report with motion ordered that the license holder of Engine Light Auto Repair, 922 Front Street, appear before the license committee.

- 11 A favorable License Committee Report with additional restrictions for 2015 Auto Repair License renewal for Engine Light Auto Repair, 922 Front Street. Applicant: Manuel Coronado, 45 Roosevelt Blvd., Enfield, CT 06082.
- 12 A favorable License Committee Report with restrictions for an application for a Class II License for Al Lafleur, Inc. DBA East Main Street Auto located at 467 East Main Street. Applicant: Albert Lafleur, 155 Old Lyman Road, South Hadley, MA 01075.
- 13 A favorable License Committee Report with restrictions for an application for an Auto Repair License for Al Lafleur, Inc. DBA East Main Street Auto located at 467 East Main Street. Applicant: Albert Lafleur, 155 Old Lyman Road, South Hadley, MA 01075.
- 14 A favorable License Committee Report with restrictions for an application for a Class II License for H & O Auto Sales and Repair, LLC located at 926 Front Street. Applicant: Omar Abdul Razzak, 96 Hamburg Street, Springfield, MA 01107.
- 15 A favorable License Committee Report with restrictions for an application for an Auto Repair License for H & O Auto Sales and Repair, LLC located at 926 Front Street. Applicant: Omar Abdul Razzak, 96 Hamburg Street, Springfield, MA 01107.
- 16 A favorable License Committee Report with restrictions for an application for an Auto Detail License for H & O Auto Sales and Repair, LLC located at 926 Front Street. Applicant: Omar Abdul Razzak, 96 Hamburg Street, Springfield, MA 01107.
- 17 A favorable Ordinance Committee Report adding to Chapter 260, One-Way Streets, Sherbrook Street, Going north between Baystate Rd and McKinstry Ave, One Way Street.
- 18 A favorable Ordinance Committee Report adding to Chapter 260, Parking Regulations, Robak Drive, East side for a distance of 60 feet from the intersection of Burnett Road, Parking Prohibited Here To Corner.
- 19 A favorable Ordinance Committee Report adding to Chapter 260, Isolated Stop Signs and Signal Lights, McKinley Avenue, At the intersection of McKinley Avenue and Asinof Avenue, Isolated Stop Sign.
- 20 A favorable Ordinance Committee Report adding to Chapter 260, Isolated Stop Signs and Signal Lights, Springfield Street, At the intersection of Springfield Street and Front Street, Isolated Stop Sign.
- 21 A favorable Public Works & Ordinance Committee Report with motion ordered that the Engineering Department appear before the Public Works Committee to discuss the creation of ordinances on handicapped parking signs and locations of crosswalks.
- 22 A favorable Public Works Committee Report with recommendations ordered that the Public Works Committee meet with DPW and Chicopee Electric Light to address safety issues at the intersection of New Ludlow Road and Montcalm Street.
- 23 A favorable Public Works Committee Report ordered that the Engineering Department investigate pedestrian crossing signals at the intersection of St. James Avenue and Broadway.
- 24 A favorable Public Works Committee Report ordered that the DPW re-pave the sidewalks on lower Dale Street and refer to the Public Works Committee.

- 25 A favorable Public Works Committee Report with recommendation ordered that the Public Works Committee hold a meeting with DPW Superintendent, Jeff Neece, and City Engineer, Steve Frederick, to discuss and fully analyze the Granby/Montgomery/McKinstry intersections, Big Y and Mass Pike.
- 26 Ordered that the School Department remove or trim the tree located on Streiber School property that abuts Irene Court.
- Moreau
- 27 A Ordinance proposal striking from Chapter 260, Parking Regulations, Kendall Street, After the intersection of Stebbins Street heading north toward Rolf Avenue West side of street for a distance of 50 feet, Parking Prohibited 11 PM – 6 AM.
- Labrie
- 28 A Ordinance proposal adding to Chapter 260, Parking Regulations, Kendall Street, After the intersection of Stebbins Street heading north toward Rolf Avenue East side of street for a distance of 50 feet, Parking Prohibited 11 PM – 6 AM.
- Labrie
- 29 A Ordinance proposal striking from Chapter 260, Isolated Stop Signs and Signal Lights, Sherbrook Street, At the intersection of Sherbrook Street and Bay State Road, Isolated Stop Sign.
- Labrie
- 30 An application for a NEW Special Permit under Section 275-58 C 4 for the purpose of transferring ownership and operation of a restaurant and bar to new entities. Location of property: 154 School Street. Applicant: Patricks Chicopee DBA Patricks, 286 Edgewood Road, West Springfield, MA 01089
- 31 2015 Auto Repair License renewal application for Sullivan Tire Commercial Truck Repair referred from December 2, 2014 meeting.
- 32 An application for a NEW Junk Dealer's License at 12 Center Street, applied for by: Paul W. Bonatakis, 29 Casino Avenue, Chicopee, MA 01013
- 33 An application for a NEW Auto Repair License at 932 Front Street, applied for by: Arcangel Quinones, 145 Darling Street, Indian Orchard, MA 01151.
- 34 A petition for an amendment to a Service Station License for BJ'S Wholesale Club at 650 Memorial Drive, to change the hours of Operation from: 7am-9:30 Mon-Sat, 10am-6:30 Sunday to: 6am Mon.-Sun. opening hours.
- 35 A petition for an amendment to a Class 1 License for a name change from: Metro Auto Sales & Service, Inc. to Metro Motors of Chicopee, Inc. at 650 C Memorial Drive. Applied for by: Michelle K. Gonyea, 1051 Elm Street #16, West Springfield, MA 01089.
- 36 A petition for an amendment to a Class II, Auto Repair, Auto Detail Licenses: a change of corporate officers for Kanar Auto Sales at 245 East Street. Applied for by: Kanar Auto Sales, 245 East Street, Chicopee, MA 01020.

37 A petition for an amendment to an Auto Repair License: a name change from: Brake King Automotive, Inc. to Brakes Plus Inc. at 519 Front Street. Applied for by: Linda Ronen, 24 Churchill Drive, Longmeadow, MA 01106.

38-40 Class 1 Renewals for the year of 2015

Curry Automotive, LLC	767 Memorial Drive
Metro Auto Sales & Service, Inc.	650 C Memorial Drive
Rallye Automotive, LLC dba Curry Nissan Chicopee	765 Memorial Drive

41-66 Class 2 Renewals for the year of 2015

Auto Techniques, Inc.	1424 Granby Road
B & L Automotive, Inc.	760 Front Street
Bernie's Auto Sales	1057 Montgomery Street
Car Master	176 Granby Road
Chicopee Auto Farm	980 East Main Street
Chicopee Street Auto Sales, Inc.	363 Chicopee Street
D and L Auto Inc. dba Auto Test World	1973 Memorial Drive
Daniel's Truck Center	18 Montcalm Street
FDAS Corp, dba Car Credit 1 <sup>st</sup> , Inc.	536 East Street
Frank's Used Car Sales	22 Pendexter Avenue
Frontline Motors, Inc.	759 Meadow Street
G.L. Haesaert, Inc.	1633 Memorial Drive
Kanar Auto Sales, LLC	245 East Street
MR Auto LLC	578 Springfield Street
Penske Truck Leasing, Inc.	30 Fuller Road
Reliable Auto Sales	74 Naomi Street
Roy Motor's Inc.	490 Meadow Street
Sonny's Auto Repair, Inc.	1965 Memorial Drive
T & H Truck Sales, Inc. dba Krystal Kleen Auto Sales	235 Meadow Street
Teta's Automotive, Inc.	640 Springfield Street
Tito's Auto Sales, Inc.	357 Chicopee Street
Tony & Sons Auto Service & Sales Leasing & Rentals	170 South Street
Tryba Auto Sales	832 Meadow Street
United Auto Export	1296 Montgomery Street
Vital's Auto Service, Inc.	451 Granby Road
Vitaly's Auto Sales	374 Chicopee Street

67-73 Class 3 Renewals for the year of 2015

Center Street Auto Parts of Chicopee, Inc.	651 Center Street
Chicopee Auto Farm	980 East Main Street
Dowd's	162 East Meadow Street
Laflamme Trucks & Equipment Sales, Inc.	347 McKinstry Avenue
T & H Truck Sales	235 Meadow Street
Top Dog Auto	238 Meadow Street
Willimansett Waste Co., Inc.	239 Narragansett Blvd.

74-76 Auto Body License Renewals for the year 2015

DMS Auto Body & Collision	393 New Ludlow Road
Don Roy's Auto Body & Appearance Center, Inc.	1416 Granby Road
Vitaly's Auto Body	108 Meadow Street

77-111 Auto Repair License Renewals for the year 2015

A.B.M. Transmission & Engine Technology	1090 Chicopee Street
A & H Service	374-376 Broadway
Auto Techniques, Inc.	1424 Granby Road
B & L Automotive, Inc.	760 Front Street
BJ'S Wholesale Club, Inc.	650 Memorial Drive
Brake King Automotive, Inc.	519 Front Street
Car Master	176 Granby Road
Center Auto Repair, LLC	184 Center Street
Chicopee Welding & Tool, Inc.	40 Haynes Circle
City Tire Company, Inc.	1385 Memorial Drive
D and L Auto dba Auto Test World	1973 Memorial Drive
Daniel's Truck Center	18 Montcalm Street
F. L. Roberts and Co., Inc. dba Jiffy Lube	2017 Memorial Drive
Frank's Used Cars	11 Lawndale Street
Frontline Motors, Inc.	759 Meadow Street
Kanar Auto Sale LLC	245 East Street
Mario's Auto Service	63 Center Street
Matta Brothers Service Station, Inc.	817 Front Street
Meineke Discount Mufflers	1633 Memorial Drive
Metro Auto Sales & Service, Inc.	650C Memorial Drive
MR Auto LLC	578 Springfield Street
Mr. Clean Auto Detailing	1057 Montgomery Street
PaPaleguas Motocar's	813 Front Street
Porter & Chester Institute, Inc.	1998 Westover Road
Rallye Automotive, LLC dba Curry Nissan Chicopee	765 Memorial Drive
Reliable Auto Sales	74 Naomi Street
Roy Motors, Inc.	490 Meadow Street
Sonny's Auto Repair, Inc.	1965 Memorial Drive
T & H Truck Sales, Inc. dba Krystle Kleen Auto Sales	235 Meadow Street
Teta's Automotive, Inc.	640 Springfield Street
Tito's Auto Sales, Inc.	357 Chicopee Street
Top Dog Auto	238 Meadow Street
Tryba Auto Sales	832 Meadow Street
Vital's Auto Service, Inc.	451 Granby Road
Walt's Auto Repair	881 Meadow Street

112-115 Auto Body/Auto Repair License Renewals for the year 2015

Chicopee Auto Farm, Inc.	980 East Main Street
Curry Automotive, LLC dba Curry Honda	767 Memorial Drive
Ernie's Automotive	18 Old James Street
Tony's Auto Service	164-170 South Street

116-120 Auto Detail License Renewals for the year 2015

Center Auto Repair, LLC	184 Center Street
Chicopee Auto Farm, Inc.	980 East Main Street
Kanar Auto Sales, LLC	245 East Street
Metro Auto Sales & Service, Inc.	650C Memorial Drive
Mr. Clean Auto Detailing	1057 Montgomery Street

121 Taxi Driver Renewals for the year of 2015

William G. Montana	14 Dorchester Street
	Springfield, MA 01109

122 Taxi Cab Renewals for the year of 2015

A renewal of 10 cabs: Applied for by: Yellow Cab, 622 Cottage Street, Springfield, MA 01109.

TA 18557	TA14854	TA18586	TA18559	TA15479
TA15482	TA15481	TA18551	TA18589	TA18572

ATTEST:



Keith W. Rattell, City Clerk

NO. \_\_\_\_\_

MO-1



CITY OF CHICOPEE  
MASSACHUSETTS

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

2014 DEC 11 P 2:24

DECEMBER 16, 2014

ORDERED THAT THE SUM OF NINE THOUSAND ONE HUNDRED SIXTY FOUR AND 77/100 DOLLARS (\$9,164.77) BE AND HEREBY IS APPROPRIATED TO THE FOLLOWING NAMED ACCOUNT:

EMERGENCY MANAGEMENT EXPENSE ACCOUNT FOR SPECIAL SERVICES  
(ACCT# 12910002-538000)

SAID AMOUNT IS TO BE TAKEN FROM AVAILABLE FUNDS IN THE EMERGENCY MANAGEMENT SALARY ACCOUNT FOR DIRECTOR (ACCT # 12910001-514010).

Recommended by George R. Thoreau Mayor  
ACTING MAYOR

Introduced by Councilor

City Council Action: Motion made by Councilor Lamontagne to receive and refer to the Finance Committee. Motion withdrawn. Motion passed. Motion made by Councilor McLellan to receive and pass. Motion passed through all stages by a unanimous roll call vote.

Presented to the Mayor for approval DEC 19 2014  
Date

Approved 12/19/14 [Signature] Mayor

Returned to City Clerk DEC 19 2014 Attest [Signature] City Clerk  
Date

MO-2

NO. \_\_\_\_\_



CITY OF CHICOPEE  
MASSACHUSETTS

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

2014 DEC 11 P 2:24

DECEMBER 16, 2014

ORDERED THAT THE SUM OF TWO THOUSAND SEVEN HUNDRED THIRTY FIVE AND 00/100 DOLLARS (\$2,735.00) BE AND HEREBY IS APPROPRIATED TO THE FOLLOWING NAMED ACCOUNT:

HEALTH SPECIAL ACCOUNT FOR COURT ORDERED PROPERTY CLEANUP  
(ACCT# 15100004-651004)

SAID AMOUNT IS TO BE TAKEN FROM AVAILABLE FUNDS IN THE UNDESIGNATED FUND BALANCE "FREE CASH" ACCOUNT.

Introduced by Councilor \_\_\_\_\_  
Recommended by George R. Roman Mayor  
BOTING MAYOR

City Council Action: 12/16/2014: Motion made by Councilor Roy (At Large) to receive and pass. Motion passed through all stages by a unanimous roll call vote.

Presented to the Mayor for approval \_\_\_\_\_ Date DEC 19 2014  
Approved 12/19/14 \_\_\_\_\_ Mayor  
Returned to City Clerk \_\_\_\_\_ Date DEC 19 2014 Attest \_\_\_\_\_ City Clerk



CITY OF CHICOPEE  
MASSACHUSETTS

M0-3

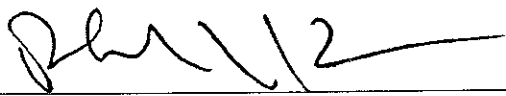
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

^^

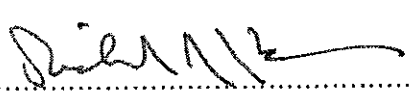

2014 DEC 11 P 2:24

DECEMBER 11, 2014

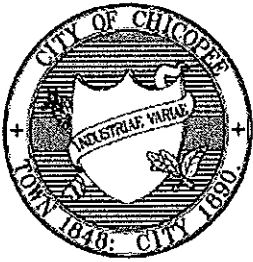
AN ORDER AUTHORIZING THE EXEMPTION OF INTEREST FOR EMERGENCY MANAGEMENT DIRECTOR GLENN X. JOSLYN TO ALLOW HIS COMPANY "ODD JOBS UNLIMITED" TO CONTRACT WITH THE CITY OF CHICOPEE IN ACORDANCE WITH THE PROVISION OF MASSACHUSETTS GENERAL LAW 268A SECTION 20.

Recommended By , Mayor

City Council Action: 12/16/2014: Motion made by Councilor Krampits to receive and the exemption granted this evening. Motion passed through all stages by a unanimous roll call vote.

Presented to the Mayor for Approval..... DEC 19 2014 .....  
Date  
Approved..... 12/19/14 .....  ..... Mayor  
Date  
Returned to City Clerk..... DEC 19 2014 .....  
Date  
Attest.....  ..... City Clerk

M0-4



# City of Chicopee, Massachusetts

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

OFFICE OF THE MAYOR

2014 DEC 11 P 2:25

Richard J. Kos  
Mayor

December 5, 2014

## TO THE CITY COUNCIL:

You are hereby notified that I have this day appointed, Tanya Marlow, 90 McKinstry Avenue, Apartment 113, Chicopee, Massachusetts as a member of the Commission for the Disabled to serve in such office for the term of 3 years expiring on the 11<sup>st</sup> of October, 2017. To which appointment I ask the confirmation of your honorable council.

\*NEW APPOINTMENT

Mayor Richard J. Kos

I hereby accept the above office, subject to the Statutes of the Commonwealth of Massachusetts and the Ordinances of the City of Chicopee. I acknowledge that I have received a copy of the Massachusetts Open Meeting laws and agree to abide by said regulations.

Tanya Marlow

Date:

12/16/2014: Motion made by Councilor Tillotson to receive and refer to the Human Resource Committee. Motion passed, referred.



# CITY OF CHICOPEE MASSACHUSETTS

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

**COPY**

8/5/2014

Referred to

**Zoning**

Committee

2014 DEC 11 P 2:48

Application for a Special Permit under section 275-53 C (2) for the purpose of area and frontage requirement to construct a new 2 family house located at 0 Montgomery Street (Assessors ID 0230-00014).

Applicant: Sergey Savonin  
11 Liberty Avenue  
Agawam, MA 01001

**PLEASE ONE CHECK OFF**

- PERMIT TO RUN WITH THE LAND
- PERMIT TO RUN WITH THE APPLICANT

\* Motion to Table on 10/28/14  
unanimous.

10/28/14

The Committee reports as follows:

Favorable

Unfavorable

12/16/2014: Motion made by Councilor Vieau to remove from the Zoning Committee. Motion passed through all stages by a unanimous roll call vote. Motion made by Councilor Vieau Leave to Withdraw be granted. Motion passed through all stages by a unanimous roll call vote.

Letter to the Board

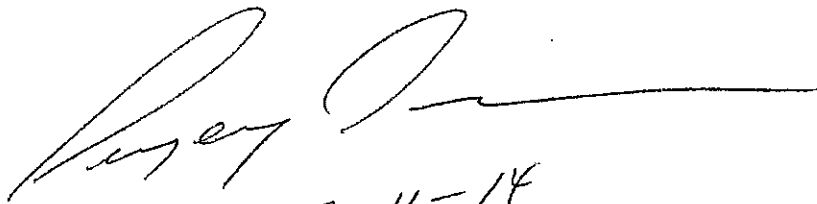
C-1

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

2014 DEC 11 PM 2:49

**COPY**

Sergey Savonin would like to ~~change~~ <sup>special</sup> to withdraw my application for ~~some~~ permit. and the whole construction process. Would like board to Approve my withdrawal. Thank you



12-11-14

244-0336

12/16/2014: Motion made by Councilor Zygarowski to receive and refer to item #5.  
Motion passed.

RECEIVED  
MAY 11 PM 12:50  
CITY COUNCIL  
CHICOPEE MA



**CITY OF CHICOPEE**  
**MASSACHUSETTS**

6

**COPY**

2014 DEC 11 P 2:48  
Committee

Referred to License

12/2/2014

Application for an amendment for a name change for Jan's Auto Service at 1737 Donahue Road to:  
J.F. Wegrzynek, Inc., d/b/a Jan's Auto Service.

Applicant Jan Wegrzynek  
14 Overlook Drive  
Wilbraham, MA 01095

*Motion to Approve*

The Committee reports as follows:

Favorable

Unfavorable

*[Handwritten signatures: Roy, Wegrzynek, and others]*

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and name change be granted with existing restrictions. Motion passed.



**CITY OF CHICOPEE  
MASSACHUSETTS**

CLERK'S OFFICE  
CITY OF CHICOPEE

**COPY**

7

Referred to

License

2014 DEC 11 P. 2:48  
Committee 48  
J.F. Wegrzynek Inc DBA

11/18/2014

2015 Class II License renewal for Jan's Auto Service, 1737 Donahue Road.

Applicant Jan Wegrzynek  
14 Overlook Drive  
Wilbraham, MA 01095

*Motion to Approve*

*W existing restrictions*

The Committee reports as follows:

Favorable

Unfavorable

*[Handwritten signatures of committee members]*  
Fred Beaman

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and license granted with existing restrictions. Motion passed.



CITY OF CHICOPEE  
MASSACHUSETTS  
CITY OF CHICOPEE

COPY

8

Referred to

License

2014 DEC 11 P 2:48  
Committee

11/6/2014

Application for a Class III License for Federico Sales and Service located at 241 East Street.

Applicant Francis Federico  
323 Barlingame Street  
Palmer, MA 01069

Conditions

- Good housekeeping
- No outside storage
- No junk cars
- No outside repairs
- Total Number of vehicles \_\_\_\_\_

Inside \_\_\_\_\_ outside \_\_\_\_\_

Employee \_\_\_\_\_ Customer \_\_\_\_\_

Hours of Operation:

Mon. \_\_\_\_\_ Sat. \_\_\_\_\_

Tue. \_\_\_\_\_ Sun. \_\_\_\_\_

Wed. \_\_\_\_\_

Thur. \_\_\_\_\_

Fri. \_\_\_\_\_

*Motion to Deny*

*Due to Zoning*

The Committee reports as follows:

Favorable

Unfavorable

*[Signatures]*

*Feed Remmpts*

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and Class III license be denied. Motion passed.



CITY OF CHICOPEE  
MASSACHUSETTS  
CITY OF CHICOPEE

9

COPY

Referred to

License

2014 DEC 11 P. 2:48  
Committee

9/16/2014

ORDERED THAT the license holder of Vanguard Consignment House, 450 New Ludlow Road, be called in before the License Committee for possible suspension or revocation.

*New Restrictions - Junk Dealers license*

*No new Consignments effective December 16<sup>th</sup>, 2014*

*All existing Consignment contracts to conclude by July 1, 2015*

*All consigners to be paid in full or items returned by*

*July 1, 2015.*

*~~Motion to table~~*

(Roy, Ward 9)

The Committee reports as follows:

Favorable

Unfavorable

12/16/2104: Motion made by Councilor Roy (Ward 9) to receive and additional restrictions be added to license. Motion passed.

*[Handwritten signatures: Roy, Zervas, Joffe, and Krompitz]*



**CITY OF CHICOPEE  
MASSACHUSETTS**

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

**COPY**

10

Referred to

License

2014 DEC 16 P 2:48  
Committee

10/21/2014

ORDERED THAT the license holder of Engine Light Auto Repair, 922 Front Street, appear before the license committee.

*Motion to leave existing restrictions  
of 3 cars inside  
300 tires by 12/15/14  
Fire Dept Reinspection*

The Committee reports as follows:

Favorable

Unfavorable

*[Handwritten signatures of committee members]*

12/16/2104: Motion made by Councilor Roy (Ward 9) to receive and additional restrictions be added to license.. Motion passed.



CITY OF CHICOPEE  
MASSACHUSETTS

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

**COPY**

Referred to

License

2014 DEC Committee: 48

11/18/2014

2015 Auto Repair License renewal for Engine Light Auto Repair, 922 Front Street.

Applicant Manuel Coronado  
45 Roosevelt Blvd.  
Enfield, CT 06082

*Add additional restrictions see page attached  
3 autos inside during day - limit*

*Remove from license - "60 Day temp, all  
cars removed from outside lot within 20 days  
Also fire Dept inspection"*

*Still has fire Dept inspection required for  
new license  
no loud music*

The Committee reports as follows:

Favorable

Unfavorable

12/16/2014: Motion made by Councilor Roy  
(Ward 9) to receive and granted with  
additional restrictions. Motion passed.

*Manuel R*  
*Frank Laffa*  
*Todd Krampitz*



CITY OF CHICOPEE  
MASSACHUSETTS  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

**COPY**

12

Referred to License 2014 DEC 17, 2014 Committee AL Lafleur 2:20 PM DBA 6/17/2014

Application for a Class II License for East Main Street Auto located at 467 East Main Street.

Applicant Albert Lafleur  
155 Old Lyman Road  
South Hadley, MA 01075

Conditions

- Good housekeeping
  - No outside storage
  - No junk cars
  - No outside repairs
  - Total Number of vehicles 11
- Inside 4 outside 7
- Employee 1 Customer 1

Hours of Operation:

Mon.	<u>8<sup>am</sup>-5<sup>pm</sup></u>	Sat.	<u>8-2</u>
Tue.	-----	Sun.	<u>closed</u>
Wed.	-----		
Thur.	-----		
Fri.	-----		

Total number of cars not to exceed 11 cars for combined licenses (class 2 and auto repair)

NO loud music or noise

~~Fire Dept~~  
Fire Dept Regulations  
The Committee reports as follows:

Favorable

Unfavorable

*[Handwritten signatures]*

Albert Lafleur

Frank [unclear]

[unclear]

Ted Krampf

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and Class II license granted with restrictions. Motion passed.



CITY OF CHICOPEE  
MASSACHUSETTS  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

13

**COPY**

Referred to License 2014 DEC 9 Committee AL Lafleur INC OBA 6/17/2014

Application for an Auto Repair License for East Main Street Auto located at 467 East Main Street.

Applicant Albert Lafleur  
155 Old Lyman Road  
South Hadley, MA 01075

Conditions

- Good housekeeping
- No outside storage
- No junk cars
- No outside repairs
- Total Number of vehicles 11

Inside 7 outside 4

Employee 1 Customer 1

Hours of Operation:

Mon.	<u>8 AM - 5 PM</u>	Sat.	<u>8-2</u>
Tue.	_____	Sun.	<u>closed</u>
Wed.	_____		
Thur.	_____		
Fri.	<u>_____</u>		

Total number of cars not to exceed 11 cars.  
Same restrictions as class 2 license

The Committee reports as follows:

Favorable

Unfavorable

*Robert J. Zygorski*  
*Frank [Signature]*  
*[Signature]*  
*Fred Kamps*  
*[Signature]*

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and Auto Repair license granted with restrictions. Motion passed.



# CITY OF CHICOPEE MASSACHUSETTS

14

**COPY**

Referred to License 2014 DEC Committee 2:48 6/17/2014  
*sales and repair LLC*

Application for a Class II License for H & O Auto ~~Repair~~ located at 926 Front Street.

Applicant Omar Abdul Razzak  
96 Hamburg Street  
Springfield, MA 01107

Conditions

- Good housekeeping
  - No outside storage
  - No junk cars
  - No outside repairs
  - Total Number of vehicles 26
- Inside 3 outside 23  
Employee 2 Customer 7

Hours of Operation:

Mon.	<u>9-5pm</u>	Sat.	<u>10-3</u>
Tue.	_____	Sun.	<u>Closed</u>
Wed.	_____		
Thur.	_____		
Fri.	<u>✓</u>		

*additional restrictions attached*

~~12 Cars for Sale~~  
12 Cars for Sale

*Fire Dept Regulations*

The Committee reports as follows:

Favorable

Unfavorable

*[Handwritten signatures]*  
 Frank Lafla  
 Fred Krampitz

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and Class II License granted with restrictions. Motion passed.



CITY OF CHICOPEE  
MASSACHUSETTS

COPY

15

Referred to License 2014 DEC 11 P 2:48 Committee 6/17/2014  
Application for an ~~Auto Body~~/Auto Repair License for H & O Auto ~~Repair~~ located at 926 Front Street. Sales and Repair LLC

Applicant Omar Abdul Razzak  
96 Hamburg Street  
Springfield, MA 01107

Conditions

- Good housekeeping
  - No outside storage
  - No junk cars
  - No outside repairs
  - Total Number of vehicles 26
- Inside 13 outside 23  
Employee 2 Customer 7

Hours of Operation:

Mon.	<u>9-5pm</u>	Sat.	<u>10-3</u>
Tue.	_____	Sun.	<u>closed</u>
Wed.	_____		
Thur.	_____		
Fri.	_____		

*filled*

*Some restrictions as class 2  
Fire Dept Regulations*

The Committee reports as follows:

Favorable

Unfavorable

*[Handwritten signatures]*  
 Frank Lella  
 Fred Rumpals

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and Auto Repair license granted with restrictions. Motion passed.



CITY OF CHICOPEE  
MASSACHUSETTS

COPY

16

2014 DEC 11 P 2:48  
Committee

Referred to

License

6/17/2014

Application for an Auto Detail License for H & O Auto ~~Repair~~ <sup>Sales and Repair LLC</sup> located at 926 Front Street.

Applicant Omar Abdul Razzak  
96 Hamburg Street  
Springfield, MA 01107

Conditions

- Good housekeeping
- No outside storage
- No junk cars
- No outside repairs
- Total Number of vehicles 26

Inside 3 outside 23

Employee 2 Customer 7

Hours of Operation:

Mon. 9-5pm Sat. 10-3

Tue. | Sun. closed

Wed. |

Thur. |

Fri. ↓

*Also for the table* Same Restrictions as class 2  
Fire Dept regulations

The Committee reports as follows:

Favorable

Unfavorable

*Robert J. Higgins*  
*Frank J. [unclear]*  
*[unclear]*  
*Fred Keampits*  
*[unclear]*

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and License granted with restrictions. Motion passed.



**CITY OF CHICOPEE**  
**MASSACHUSETTS**  
CITY OF CHICOPEE

17

**COPY**  
11/18/2014

Referred to

Ordinance

2014 DEC 11 Committee

BE IT ORDAINED by the City Council of the City of Chicopee as follows: that CHAPTER 260, as amended on February 21, 1995, be further amended by adding to /striking from the following in schedule:

(Check Applicable)

- ( ) VI Parking Regulations
- ( ) X Winter Parking Regulations
- ( x ) XI One-Way Streets
- ( ) XIV Isolated Stop Signs and Signal Lights
- ( ) XIII Right Turn on Red
- ( ) II Bus Stops
- ( ) Other

AS FOLLOWS: **SHERBROOK STREET**

Going north between 'Bay State Rd and McKinstry Ave.

**ONE WAY STREET**

(Labrie)

The Committee reports as follows:

12/9/14

Favorable

Unfavorable

*Gary R. Labrie*  
*Frank Laflamme*  
*[Signature]*  
*[Signature]*  
*James Tillotson*

12/16/2014: Motion made by Councilor Tillotson to receive 2nd and final reading enrolled and ordained. Motion passed through all stages by a unanimous roll call vote.



CITY OF CHICOPEE  
MASSACHUSETTS  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

18

COPY  
12/21/2014

Referred to Ordinance 2014 DEC 11 Committee

BE IT ORDAINED by the City Council of the City of Chicopee as follows: that CHAPTER 260, as amended on February 21, 1995, be further amended by adding to /striking from the following in schedule:

(Check Applicable)

- ( x ) VI Parking Regulations
- ( ) X Winter Parking Regulations
- ( ) XI One-Way Streets
- ( ) XIV Isolated Stop Signs and Signal Lights
- ( ) XIII Right Turn on Red
- ( ) II Bus Stops
- ( ) Other

AS FOLLOWS: **ROBAK DRIVE**

East side for a distance of 60 feet from the intersection of Burnett Road

**PARKING PROHIBITED HERE TO CORNER**

(McLellan)

The Committee reports as follows:

12/9/14

Favorable

Unfavorable

*Gary R. Saline*  
*Frank Loflanne*  
*Adrian...*  
*[Signature]*  
*[Signature]*

12/16/2014: Motion made by Councilor Tillotson to receive 2nd and final reading enrolled and ordained. Motion passed through all stages by a unanimous roll call vote.



**CITY OF CHICOPEE**  
**MASSACHUSETTS**  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

19

**COPY**  
11/18/2014

Referred to Ordinance 2014 DEC 1 Committee 2:48

BE IT ORDAINED by the City Council of the City of Chicopee as follows: that CHAPTER 260, as amended on February 21, 1995, be further amended by adding to /striking from the following in schedule:

(Check Applicable)

- ( ) VI Parking Regulations
- ( ) X Winter Parking Regulations
- ( ) XI One-Way Streets
- ( X ) XIV Isolated Stop Signs and Signal Lights
- ( ) XIII Right Turn on Red
- ( ) II Bus Stops
- ( ) Other

AS FOLLOWS: **McKINLEY AVENUE**

At the intersection of McKinley Avenue and Asinof Avenue

**ISOLATED STOP SIGN**

(Brooks)

The Committee reports as follows:

12/9/14

Favorable

Unfavorable

*Gary R. Labrec*  
*Paul Sullivan*  
*Bob Johnson*  
*Smith*  
*John A.*

12/16/2014: Motion made by Councilor Tillotson to receive 2nd and final reading enrolled and ordained. Motion passed through all stages by a unanimous roll call vote.



**CITY OF CHICOPEE**  
**MASSACHUSETTS**  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

20

Referred to

Ordinance 2014 DEC 11 P 2:48 Committee

11/18/2014

BE IT ORDAINED by the City Council of the City of Chicopee as follows: that CHAPTER 260, as amended on February 21, 1995, be further amended by adding to /striking from the following in schedule:

(Check Applicable)

- ( ) VI Parking Regulations
- ( ) X Winter Parking Regulations
- ( ) XI One-Way Streets
- ( x ) XIV Isolated Stop Signs and Signal Lights
- ( ) XIII Right Turn on Red
- ( ) II Bus Stops
- ( ) Other

AS FOLLOWS: **SPRINGFIELD STREET**

At the intersection of Springfield Street and Front Street

**ISOLATED STOP SIGN**

(Brooks)

The Committee reports as follows:

Favorable

Unfavorable

12/9/14

*Gary R. Labrecque*  
*Frank Lefler*  
*Andrew...*  
*James...*

12/16/2014: Motion made by Councilor Tillotson to receive 2nd and final reading enrolled and ordained. Motion amended by Councilor Tillotson to withdraw the order its on State Property. Motion passed through all stages by a unanimous roll call vote.



# CITY OF CHICOPEE MASSACHUSETTS

21

CLERK'S OFFICE  
CITY OF CHICOPEE

Referred to Public Works & Ordinance <sup>2014 DEC 11</sup> P Committee 12/2/2014

ORDERED THAT the Engineering Department appear before the Public Works Committee to discuss the creation of ordinances on handicapped parking signs and locations of crosswalks.

~~MOTION -~~

MOTION TO CREATE ORAL WRITTEN  
CRITERIA FOR THE APPROVAL & INSTALLATION  
OF HANDICAP SIGN WITHIN THE CITY  
OF CHICOPEE.

12/10/14

(Krampits)  
The Committee reports as follows:  
Favorable

Unfavorable

Fred Krampits  
Dan Saffron

12/16/2014: Motion made by Councilor Krampits to receive and motion to create written criteria for the approval & installation of handicap sign within the City of Chicopee. Motion passed.

Guy R. Talma

[Signature]



**CITY OF CHICOPEE**  
**MASSACHUSETTS**  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

22

Referred to

Public Works DEC 11 P 2:48 Committee

4/15/2014

ORDERED THAT the Public Works Committee meet with DPW and Chicopee Electric Light to address safety issues at the intersection of New Ludlow Road and Montcalm Street.

REDESIGN INTERSECTION TO CLEAR  
OBSTRUCTIONS <sup>& NEW SIGNALS</sup> - NO SHORT TERM SOLUTIONS  
RECOMMEND MAYOR FUND DESIGN USING  
CHAPTER 90 MONIES,  
- WAIT FOR TRAFFIC ACCIDENT DATA  
TABLED 6/18/14

- 1) TRIM TREES & BUSHES FOR BETTER VISIBILITY.
- 2) REPLACE WITH BURIED TRAFFIC HEADS.  
LED
- 3) SUPPORT ORDINANCE OF NO TURN RED IN DIRECTIONS.

(Gerry Roy)

6/18/14

The Committee reports as follows:

Favorable

Unfavorable

*Frank Krampits*  
*Frank Lefler*  
*[Signature]*  
*Guy R. Leduc*  
*[Signature]*

12/16/2014: Motion made by Councilor Krampits to receive and sent to DPW for implementation. Motion passed.



**CITY OF CHICOPEE  
MASSACHUSETTS**

23

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

Referred to

Public Works

2014 DEC 11 P 2:44 Committee

6/17/2014

ORDERED THAT the Engineering Department investigate pedestrian crossing signals at the intersection of St. James Avenue and Broadway.

ENGINEERING TO DO PEDISTRIAN COUNTS  
AT VARIOUS CROSWACKS AT THOSE  
INTERSECTIONS

(Krampits)

The Committee reports as follows:

Favorable

Unfavorable

*David Krampits*  
*Frank Lofla*

12/16/2014: Motion made by Councilor Krampits to receive and sent to Engineering for implementation. Motion passed.

*Guy R. Lofla*  
*[Signature]*



**CITY OF CHICOPEE**  
**MASSACHUSETTS**  
CITY OF CHICOPEE

24

Referred to

Public Works

2014 DEC 11 P 2:19 Committed

10/7/2014

ORDERED THAT the DPW re-pave the sidewalks on lower Dale Street and refer to the Public Works Committee.

DPW TO REPAIR/ <sup>REPLACE</sup> SIDEWALKS ~~WITH CONCRETE~~  
IN 2015.

(Lamontagne)

The Committee reports as follows:

Favorable

Unfavorable

*Frank Krampits*  
*Frank L...*  
*[Signature]*  
*Guy R. Belue*  
*[Signature]*

12/16/2014: Motion made by Councilor Krampits to receive and sent to DPW for implementation. Motion passed.



# CITY OF CHICOPEE MASSACHUSETTS

25

CITY ENGINEER'S OFFICE  
CITY OF CHICOPEE

Referred to

Public Works 2014 DEC 11 Committee

12/2/2014

ORDERED THAT the Public Works Committee hold a meeting with DPW Superintendent, Jeff Neece, and City Engineer, Steve Frederick, to discuss and fully analyze the Granby/Montgomery/McKinstry intersections, Big Y and Mass Pike.

*INTERSECTIONS ARE BEING UPGRADED  
THROUGH A BOND PROGRAM*

RECOMMEND ~~ING~~ SENDING A LETTER TO THE  
MAYOR REQUEST APPROPRIATION OF \$19,500  
TO CREATE A WARRANT FOR A STUDY  
OF MONTGOMERY & GRANBY<sup>RD</sup> INTERSECTIONS

~~APPROPRIATION~~

(Zygarowski)

The Committee reports as follows:

Favorable

Unfavorable

*Tres Krampits  
Frank Laflamme  
  
Guy Laine  
  
[Signature]*

12/16/2014: Motion made by Councilor Krampits to receive and sent to the Mayor for an appropriation. Motion passed.



CITY OF CHICOPEE  
MASSACHUSETTS

26

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

2014 DEC 11 P 2:49  
December 16, 2014

ORDERED THAT the School Department remove or trim the tree located on Streiber School property that abuts Irene Court.

Introduced by: George Moreau (Ward 7)

Council Action: 12/16/2014: Motion made by Councilor Vieau to receive and refer to the School Department. Motion passed.

Presented to the Mayor for Approval.....  
Date

Approved.....  
Date ..... Mayor

Returned to City Clerk.....  
Date

Attest..... City Clerk



CITY OF CHICOPEE MASSACHUSETTS

27

CITY CLERK'S OFFICE CITY OF CHICOPEE

^^

2014 DEC 11 P 2:49 December 16, 2014

BE IT ORDAINED by the City Council of the City of Chicopee as follows: that CHAPTER 260, as amended on February 21, 1995, be further amended by adding to /striking from the following in schedule:

(Check Applicable)

- (x) VI Parking Regulations
() X Winter Parking Regulations
() XI One-Way Streets
() XIV Isolated Stop Signs and Signal Lights
() XIII Right Turn on Red
() II Bus Stops
() Other (Indicate)

AS FOLLOWS: KENDALL STREET

After the intersection of Stebbins Street heading north towards Rolf Avenue West side of street for a distance of 50 feet

PARKING PROHIBITED 11 PM - 6 AM

Introduced by: Gary Labrie (Ward 8)

City Council Action: 12/16/2014: Motion made by Councilor Labrie to receive 1st reading and refer to the Ordinance Committee. Motion passed, referred.

Presented to the Mayor for Approval..... Date

Approved..... Date ..... Mayor

Returned to City Clerk..... Date

Attest..... City Clerk



CITY OF CHICOPEE  
MASSACHUSETTS

28

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

^^

2014 DEC 11 P 2:4 December 16, 2014

BE IT ORDAINED by the City Council of the City of Chicopee as follows: that CHAPTER 260, as amended on February 21, 1995, be further amended by adding to ~~striking from~~ the following in schedule:

(Check Applicable)

- VI Parking Regulations
- X Winter Parking Regulations
- XI One-Way Streets
- XIV Isolated Stop Signs and Signal Lights
- XIII Right Turn on Red
- II Bus Stops
- Other (Indicate)

AS FOLLOWS: **KENDALL STREET**

**After the intersection of Stebbins Street heading north towards Rolf Avenue  
East side of street for a distance of 50 feet**

**PARKING PROHIBITED 11 PM – 6 AM**

Introduced by: Gary Labrie (Ward 8)

City Council Action: 12/16/2014: Motion made by Councilor Roy (Ward 9) to receive 1st reading and refer to the Ordinance Committee. Motion passed, referred.

Presented to the Mayor for Approval.....  
Date

Approved.....  
Date .....Mayor

Returned to City Clerk.....  
Date

Attest.....City Clerk



CITY OF CHICOPEE  
MASSACHUSETTS

29

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

AA

2014 DEC 11 P 2:49

December 16, 2014

BE IT ORDAINED by the City Council of the City of Chicopee as follows: that CHAPTER 260, as amended on February 21, 1995, be further amended by adding to ~~striking from~~ the following in schedule:

(Check Applicable)

- VI Parking Regulations
- X Winter Parking Regulations
- XI One-Way Streets
- XIV Isolated Stop Signs and Signal Lights
- XIII Right Turn on Red
- II Bus Stops
- Other (Indicate)

AS FOLLOWS: **SHERBROOK STREET**

**At the intersection of Sherbrook Street and Bay State Road**

**ISOLATED STOP SIGN**

Introduced by: Gary Labrie (Ward 8)

City Council Action: 12/16/2014: Motion made by Councilor Roy (Ward 9) to receive 1st reading and refer to the Ordinance Committee. Motion passed, referred.

Presented to the Mayor for Approval.....  
Date

Approved.....  
Date ..... Mayor

Returned to City Clerk.....  
Date

Attest..... City Clerk



CITY OF CHICOPEE MASSACHUSETTS

PAID 02-4 30

CITY CLERK'S OFFICE CITY OF CHICOPEE

FEES NON-REFUNDABLE Please print or type

2014 DEC 11 P 2:50

2014 DEC -4 PM 1:27

TO THE CITY COUNCIL

The undersigned respectfully petition your honorable body for a SPECIAL PERM...

Section 275- 58 C4 of the Municipal Zoning Ordinance FOR THE PURPOSE OF

transferring ownership and operation of a restaurant and bar to new entities

LOCATION OF PROPERTY: 154 SCHOOL STREET

MAP & PARCEL ID: MAP 77 PARCEL 65 ZONING: BUSINESS A

PROPERTY OWNER: RCS PROPERTIES LLC

ADDRESS: 154 SCHOOL ST, CHICOPEE MA 01013

CONTACT NAME: ROBERT SCREBNER

CONTACT PHONE: [REDACTED]

NAME OF APPLICANT: PATRICKS CHICOPEE DBA PATRICKS (IF DIFFERENT FROM OWNER)

ADDRESS: 286 EDGEWOOD RD, W. SPRINGFIELD

PHONE: [REDACTED] MA 01089

NAME OF ENGINEER/SURVEYOR/SIGN CO.: N/A (IF APPLICABLE)

ADDRESS:

PHONE:

Existing Use of Land or Structures:

RESTAURANT AND BAR (SPECTATORS SPORTS BAR & GRILL)

Proposed Use of Land and/or Structures: \_\_\_\_\_

RESTAURANT AND BAR

(PATRICKS CHICOPEE DBA PATRICKS

Reason for Application for Special Permit: PURCHASE OF 154 SCHOOL STREET  
AND EXISTING BUSINESS (2 NEW OWNERSHIP  
ENTITIES) AND TRANSFER OF EXISTING ALCOHOLIC

DEED INFORMATION: BOOK: 18848 PAGE: 486 DATED: 7/20/2011 BEVERAGE  
LICENSE

PLEASE NOTE: IF PROPERTY OWNER IS NOT THE APPLICANT THE OWNER INFORMATION AND SIGNATURE IS **REQUIRED**.

PATRICKS CHICOPEE

APPLICANT (PLEASE PRINT)

[Signature]

SIGNATURE OF APPLICANT

PCS PROPERTIES LLC

OWNER (PLEASE PRINT)

[Signature]

SIGNATURE OF OWNER

Attach 7 copies of the plot plan, additional required documentation, and supporting material as per Section 275-C (2) of the Municipal Zoning Ordinance.

THIS APPLICATION HAS BEEN REVIEWED AND IS ADEQUATE FOR SUBMISSION.

[Signature]

Planning Director

12/4/14

[Signature]

Building Commissioner

\*\*\*\*\*

CITY COUNCIL ACTION & DATE: 12/16/2014: Motion made by Councilor Vieau to receive and refer to the Zoning Committee. Motion passed.

31 (45) - 12/2 Mtg #

2015 RENEWAL

FEE \$36.00 *pd*

*11-26-14* *Atty*

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

CITY OF CHICOPEE

2014 NOV 21 P 3:13

RENEWAL  
COPY

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Sullivan Tire Commercial Truck Repair  
Business Address: 60 Haynes Circle  
Is an individual, co-partnership, an association or corporation: corporation  
If Individual state Name:  
If a co-partnership state name:

If an association or corporation state name: Sullivan Tire Co. Inc.  
Are you engaged principally in the business of repair work on motor vehicles? Truck tires and truck repair  
Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: five bay truck repair-primary purpose tires

*RESTRICTIONS: Good Housekeeping, No outside storage, No junk vehicles, No outside repairs, Total number of vehicles: 36, inside 5, outside 5, employee 12, customer 14, Hours of Operation 6am-11pm Monday thru Sunday, Separation of FACP by opening per order of Fire Chief.*

Are you a recognized agent of a motor vehicles manufacturer? no  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? CT sites  
If so, in what city: Chicopee Did you receive a license? yes Year 2014-2015  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? no

Sign your full name *John S. Brown*  
Residence *224 Main St Mansfield Ma. 01057*  
Business Telephone Number *413-266-2179* Home Telephone Number *[REDACTED]*

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_  
12/2/2014: Motion made by Councilor Roy (Ward 9) receive and refer to the December 16th meeting. Motion passed.  
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with restrictions. Motion passed.



New or Renewal

32

CITY OF CHICOPEE

MASSACHUSETTS  
CLERK'S OFFICE  
CITY OF CHICOPEE

2014 DEC -1 P 12:39

Date of Petition: 12/1/14

ALL FEES ARE NON-REFUNDABLE

TO THE CITY COUNCIL:

The undersigned respectfully petition your honorable body for

A <sup>New</sup> ~~RENEWAL OF~~ JUNK DEALER'S LICENSE AT: 12 Center St., Chicopee

APPLIED FOR BY: Paul W. Bonatakis  
29 Casino Ave., Chicopee

Phone Numbers:

Business: .....

Home: [REDACTED]

Name and address of Petitioner:

PAUL W. BONATAKIS  
29 CASINO AVE  
CHICOPEE, MA 01013

Signed Paul W. Bonatakis

Date of Meeting: 12/16/2014 On the motion of Councilor Roy (Ward 9)

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and refer to the License Committee. Motion passed, referred.

Affidavit

Tax Verification Form

Workmen's Compensation Certificate

Amount Paid: \$.....

Clerks Initial: .....

Ad NEW \$36.00 12/2/14 SEC

FEE \$36.00

NEW OR RENEWAL

33

CITY OF CHICOPEE

APPLICATION FOR A LICENSE FOR Arcangel Auto Repair TO DO WORK ON MOTOR VEHICLES OR PARTS THEREOF:

CITY CLERK'S OFFICE CITY OF CHICOPEE 2014 DEC 2

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a Auto Repair to repair and to do body work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Arcangel Auto Repair  
Business Address: 932 Front St  
Is an individual, co-partnership, an association or corporation: Arcangel Quinones

If Individual state Name: NO  
If a co-partnership state name: NO

If an association or corporation state name:  
Are you engaged principally in the business of repair & bodywork on motor vehicles? yes

Give a complete description of all the premises to be used for the purpose of carrying on all repair and do body work on motor vehicles: yes

RESTRICTIONS:

Are you a recognized agent of a motor vehicles manufacturer? yes NO

If so state name of manufacturer: NO

Have you ever applied for a license to do repair and auto bodywork on motor vehicles?  
If so, in what city: Holyoke and Springfield Did you receive a license? yes Year 3 Holyoke 2 Springfield

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name Arcangel Mathis Quinones  
Residence 145 Darling St India wiche ma 0151  
Business Telephone Number 413-219-4735

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and refer to the License Committee. Motion passed, referred.



~~New or Renewal~~

CITY OF CHICOPEE  
MASSACHUSETTS

34

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

2014 DEC -2 A 11:46

ALL FEES ARE NON-REFUNDABLE

Date of Petition: 12/2/14

TO THE CITY COUNCIL:

The undersigned respectfully petition your honorable body for an Amendment to a Service Station License for BT's Wholesale Club at 650 Memorial Dr., Chicopee.

Hrs of operation currently 7 AM - 9:30 Mon - Sat.  
10 AM - 6:30 SUNDAY

Requesting a change to: 6 AM Mon - Sun. opening hrs.

Phone Numbers:

Business: 413-593-6474

Home: .....

Name and address of Petitioner:

Christina Messer  
155 Hains St  
Granby MA 01033

Signed:

Date of Meeting: 12/16/2014 On the motion of Councilor Roy (Ward 9)

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and refer to the License Committee. Motion passed, referred.

- Affidavit
- Tax Verification Form
- Workmen's Compensation Certificate

Amount Paid: \$.....

Clerks Initial: .....



AMENDMENT  
New or Renewal

# CITY OF CHICOPEE

35

MASSACHUSETTS  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

2014 DEC - 1 P 2:50

ALL FEES ARE NON-REFUNDABLE

Date of Petition: December 1, 2014

## TO THE CITY COUNCIL:

The undersigned respectfully petition your honorable body for a name change on a  
CLASS I license. From Metro Auto Sales + Service, Inc.  
to Metro Motors of Chicopee, Inc.

Phone Numbers:

Business: 1-413-348-3148

Home: .....

Name and address of Petitioner:

Michelle K Gonyea  
1051 Elm Street #16  
W Springfield, MA 01089

Signed: [Signature]

Date of Meeting: 12/16/2014 On the motion of Councilor Roy (Ward 9)  
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and refer to the License  
Committee. Motion passed, referred.

- Affidavit
- Tax Verification Form
- Workmen's Compensation Certificate

Amount Paid: \$ N/A  
Clerks Initial: DM



N/C  
12/16/14

~~New or Renewal~~

CITY OF CHICOPEE  
MASSACHUSETTS

36

ALL FEES ARE NON-REFUNDABLE

Date of Petition: 12/4/2014

TO THE CITY COUNCIL:

The undersigned respectfully petition your honorable body for a change of corporate officers on Class II, Auto Repair, + Auto Detail Licenses for Kanar Auto Sales. 245 East Street.

Phone Numbers:

Business: 413 386 0833

Home: .....

Name and address of Petitioner:

Kanar Auto Sales  
245 East Street  
Chicopee, MA 01020

Signed: [Signature]

Date of Meeting: 12/16/2014 On the motion of Councilor Roy (Ward 9)  
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and refer to the License Committee. Motion passed, referred.

Affidavit

Tax Verification Form

Workmen's Compensation Certificate

Amount Paid: \$.....

Clerks Initial: .....



AMENDMENT  
New or Renewal

CITY OF CHICOPEE  
MASSACHUSETTS

37



ALL FEES ARE NON-REFUNDABLE

Date of Petition:.....12/10/14.....

TO THE CITY COUNCIL:

The undersigned respectfully petition your honorable body for a name change on an Auto repair license: from Brake King Automotive, Inc to Brakes Plus Inc. @ 519 Front St.

Phone Numbers:

Business:.....557 6908.....

Home:.....

Name and address of Petitioner:

LINDA ROSEN  
24 Church Hill Dr.  
Longmeadow MA 01106

2014 DEC 10 AM 10:00  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

Signed.....Linda Rosen.....

Date of Meeting:.....12/16/2014..... On the motion of Councilor.....Roy (Ward 9).....

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and refer to the License Committee. Motion passed, referred.

- Affidavit
- Tax Verification Form
- Workmen's Compensation Certificate

Amount Paid:\$.....N/A.....  
Clerks Initial:.....DR.....

ALL FEES  
NON-REFUNDABLE

*100.00  
12/16/14*

2015 RENEWAL

38

**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 1st 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.

- 1. What is the name of the concern? *Curry Automotive, L.L.C.*
- 2. Business address of concern: *767 Memorial Drive*
- 3. Is the above concern an individual, co-partnership, an association or a corporation? *Limited Liability Co.*
- 3A. If an Individual, state full name and residential address:
- 4. If a co-partnership, state full names and residential address of the person composing it.

- 5. If an association or a corporation state full names and residential addresses of the principal officers.  
President: *Mgr. Bernard F. Curry, III, 4 Belmont Avenue, Rye, NY*  
Secretary:  
Treasurer:

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
If so, is your principal business the sale of new motor vehicles: *yes*  
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.  
*765 & 769 Memorial Drive, Chicopee, MA more particularly described in Exhibit A annexed hereto & made a part hereof. (Parcel #43, & #44 on Assessors map #424 & Parcel #46 on Assessor's Map #454)*

**Restrictions: Hours of operation Mon-Thur 8:30am-9pm, Sat 8:30am-6pm, Sunday 12noon to 5pm, Good Housekeeping, no outside storage, no junk or inoperable vehicles at any time, max number of unregistered vehicles on lot at any time 400, adhere to approved plot plan, must comply with Chicopee Fire Department regulations and conditions.**

- 8. Are you a recognized agent of a motor vehicle manufacturer? *yes*  
If so, state name of manufacturer: *American Honda Motor Co., Inc.*

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$100 - DM

39

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

COPY

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 1<sup>st</sup> 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.

1. Name of the business: Metro Auto Sales & Service, Inc.
2. Business address: 650 C Memorial Drive
3. Is the above concern an individual, co-partnership, and association or a corporation? corporation
- 3A. If an Individual, state full name and residential address [REDACTED]
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: Michael A. Bertera, 44 Bertera Drive, West Springfield, MA 01089  
 Secretary: Michelle K. Gonyea, 1051 Elm Street #16, West Springfield, MA 01089  
 Treasurer: Razmik Ghazarian, 42 Timber Ridge Road, West Springfield, MA 01089
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: yes  
 If so, is your principal business the sale of new motor vehicles: yes  
 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.

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 1 P 2:50

Property located at 650C Memorial Drive, includes a showroom, office, service department, and parts department vehicles will be on site for sale

*Good Housekeeping, No Outside Storage, No junk cars, No outside repairs, No. of vehicles 502, 44 inside, 458 outside, 20 Employee, 25 Customer, Hours of Operation Monday -Thursday 7am - 9pm, Friday 7am - 6pm, Saturday 7am-6pm, Sunday 10am - 5pm*

8. Are you a recognized agent of a motor vehicle manufacturer? yes  
 If so, state name of manufacturer: Chrysler Jeep Dodge Ram  
 12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ALL FEES  
NON-REFUNDABLE

*Handwritten initials and date: 12/16/14*

2015 RENEWAL

40

**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 1st 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.

1. What is the name of the concern? *Rallye Automotive, L.L.C. dba Curry Nissan Chicopee*
2. Business address of concern: *765 Memorial Drive*
3. Is the above concern an individual, co-partnership, an association or a corporation? *LLC*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 Manager: *Bernard F. Curry, III, 4 Belmont Avenue, Rye, NY 10580*  
 Secretary:  
 Treasurer:
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
 If so, is your principal business the sale of new motor vehicles: *yes*  
 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.  
*765 Memorial Drive, Chicopee, MA*

Restrictions: Hours Mon-Fri 9am-9pm, Sat 9am-6pm, Sunday 12noon-5pm, Good housekeeping, RESTRICTIONS at 385 Memorial Drive, hours Mon-Fri 7am-9pm, Sat. 7am-5pm, Sunday 11am to 5pm, good housekeeping, no outside storage, abide by all former Subaru Restrictions, Fire Department regulations, and all Dept. requirements

8. Are you a recognized agent of a motor vehicle manufacturer? *Yes*  
 If so, state name of manufacturer: *Nissan*  
*12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.*

#100 p  
DM

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

41

COPY

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

14. What is the name of the concern? Auto Techniques, Inc.

2. Business address of concern: 1424 Granby Road

3. Is the above concern an individual, co-partnership, and association or a corporation? Corporation

3A. If an Individual, state full name and residential address:

4. If a co-partnership, state full names and residential address of the person composing it.

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

President: Norm Avey, 95 Bridle Path Road, Chicopee, MA 01013

Secretary: same

Treasurer: same

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

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

Principal business will be auto repair with used car sales

Restrictions: GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO JUNK CARS, NO OUTSIDE REPAIRS, TOTAL NUMBER OF VEHICLES: 33, INSIDE 5, OUTSIDE 28, EMPLOYEE 2, CUSOMTER 19, HOURS OF OPERATION: MON.-FRI. 7-5PM, SAT. 8-12PM, SUN. CLOSED. 7 CARS FOR SALE, STANDARD FIRE DEPT. RESTRICTIONS.

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 5 P 2:00

42

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL



THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

2014 DEC 11 1:21  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

1. What is the name of the concern? *B & L Automotive, Inc.*
2. Business address of concern: *760 Front Street*
3. Is the above concern an individual, co-partnership, an association or a corporation? *Corporation*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: *Brad A. Leveillee, 193 BelAir Drive, PO Box 2140, S. Londondery, VT 05155*  
 Secretary: *Brad A. Leveillee, 193 BelAir Drive, PO Box 2140, S. Londondery, VT 05155*  
 Treasurer: *Brad A. Leveillee, 193 BelAir Drive, PO Box 2140, S. Londondery, VT 05155*
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
 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 to be used for the purpose of carrying on the business.  
*Cook's, 760 Front Street, Chicopee, MA*

**RESTRICTIONS:** *Removal from plans, eliminate 8 cars from westerly side and 11 from front, Hours Mon-Fri 9am-9pm, Sat 9am-4pm, Sunday 12 noon-5pm*

8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:  
 12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$100 - pd  
DM

43

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2<sup>nd</sup> 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.

1. What is the name of the concern? *Bernie's Auto Sales*
2. Business address of concern: *1057 Montgomery Street*
3. Is the above concern an individual, co-partnership, and association or a corporation? *Co-Partnership*
- 3A. *If an Individual, state full name and residential address:*
3. *If a co-partnership, state full names and residential address of the person composing it.*
4. *Daniel R. Bernashe, 165 Chicopee Street, Granby, MA*  
*Mathew P. Bernashe, 165 Chicopee Street, Granby, MA*
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: *no*  
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 to be used for the purpose of carrying on the business.  
*Lots 62-69 inclusive of Montgomery Street, measures 210 feet, building on premises*  
**Restrictions: 10 CARS FOR SALE, HOURS 6-8 6 DAYS, POSTED INFO, GOOD HOUSEKEEPING.**
8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
If so, state name of manufacturer:

2014 DEC - 3 P 12 27  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

44

ALL FEES *1000 pd*  
NON-REFUNDABLE *12/1/14*

2015 RENEWAL

**COPY**

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE - 1 A 9:25

**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 2nd 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.

1. What is the name of the concern? *Car Master*
2. Business address of concern: *176 Granby Road*
3. Is the above concern an individual, co-partnership, and association or a corporation? *individual*
- 3A. If an Individual, state full name and residential address: *Leonid Ignatyuk, 132 Maryland Avenue, Chicopee, MA 01020*
4. If a co-partnership, state full names and residential address of the person 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*  
 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 to be used for the purpose of carrying on the business.  
*Buying and Selling of second hand motor vehicle, auto body and auto repair*
- Restrictions: Good Housekeeping, No Outside storage, No. of vehicles, 8 total (2 cust. 1 employee, 5 cars for sale) Hours Monday - Sunday 9am to 7pm, Block the drain to be approved by engineering department.*
8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:  
*12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.*
9. Have you a signed contract as required by Section 58, Class 1? *no*

ALL FEES  
NON-REFUNDABLE

100.00 pd  
12/14

2015 RENEWAL

45

COPY

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

2014 DEC -3 A 11:41

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 2nd 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.

- 13. What is the name of the concern? Chicopee Auto Farm
- 2. Business address of concern: 980 East Main Street
- 3. Is the above concern an individual, co-partnership, and association or a corporation? Corporation
- 3A. If an Individual, state full name and residential address:

4. If a co-partnership, state full names and residential address of the person composing it.

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

President: Dwayne Pafumi, 290 Wilbraham Road, Monson, MA

Secretary: Charyl Pafumi, <sup>290</sup>280 Wilbraham Road, Monson, MA

Treasurer: Dwayne Pafumi, 290 Wilbraham Road, Monson, MA

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: yes

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: yes

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

10.1 acres of land with a four bay garage with a fence across the front.

Restrictions: Good housekeeping, No outside storage, no junk cars, No outside repairs, Total number of vehicles 50, inside 15, outside 35, employee 4, customer 10, Hours of Operation: Mon.-Fri. 8-6pm, Sat. 8-3pm, Sun. none, 1 handicap spot against building, 20 cars for sale, any additional construction, paving, brush cleaning needs Engineering approval. Fire Department Regulations; No parking against building when closed.

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

If so, state name of manufacturer:

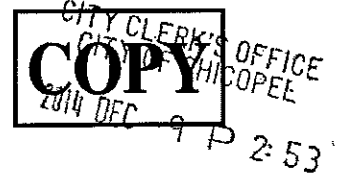
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

pd \$100.00  
12/9/14 SLG

46

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL



THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

1. What is the name of the concern? *Chicopee Street Auto Sales, Inc.*
2. Business address of concern: *363 Chicopee Street*
3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: *Wayne Pare, Sr., 8 Cheney Street, Three Rivers, MA 01080*  
 Secretary:  
 Treasurer:
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
 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 to be used for the purpose of carrying on the business.  
*Office Building, Lot*

*Restrictions: Good Housekeeping, No Outside Storage, No of vehicles 27, Hours of Operation Monday - Friday 8-6, Saturday 8-5, No Sunday's, Tony Auto to do repairs on Vehicles.*

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

PAJ  
10/15/14  
10/15/14

47

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

- 1. What is the name of the concern: *D and L Auto Inc. d/b/a Auto Test World*
- 2. Business address of concern: *1973 Memorial Drive*
- 3. Is the above concern an individual, co-partnership, an association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:
- 4. If a co-partnership, state full names and residential address of the person composing it.
- 5. If an association or a corporation state full names and residential addresses of the principal officers.

President: *John LaPorte, 30 Westbrook Avenue, Ware, MA 01082*

Secretary:

Treasurer:

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *no*  
If so, is your principal business the sale of new motor vehicles:  
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.

*The front office will be used as an office/waiting area in the garage facilities will be used to handle all repairs. The property is currently a repair facility doing business Auto Test World from March 1998 to the present.*

**RESTRICTIONS:** *Five (5) cars for sale total, Hours 8AM-6PM Mon-Sat, Sundays 12 noon- 5pm, good housekeeping, no junk storage inside or out, 25' buffer zone in back, no cars against building.*

- 8. Are you a recognized agent of a motor vehicle manufacturer?

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ALL FEES  
NON-REFUNDABLE

*12/14  
Chicopee*

2015 RENEWAL

48



THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

- 1. What is the name of the concern? Daniel's Truck Center
- 2. Business address of concern: 18 Montcalm Street
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *Individual*
- 3A. If an Individual, state full name and residential address: Daniel R. Laflamme, 316 Montcalm Street, Chicopee, MA

4. If a co-partnership, state full names and residential address of the person 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

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

*Lot to park Approx. (35) Motor Vehicles w/office & 2 Bay Garage*

RESTRICTIONS: GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO OF VEHICLES 21  
OUTSIDE, 2 INSIDE, HOURS-M-F 8-5, SAT 9-3, NO SUNDAY, NO CARS BEYOND  
ENTRANCE BY HOUSE.

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

49

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE



THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

1. What is the name of the concern? FDAS Corp, D/B/A Car Credit 1st, Inc.
2. Business address of concern: 536 East Street
3. Is the above concern an individual, co-partnership, and association or a corporation? Corporation
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: Anthony Scibelli, 536 East Street, Chicopee, MA 01020  
 Secretary: Anthony Scibelli, 536 East Street, Chicopee, MA 01020  
 Treasurer: Anthony Scibelli, 536 East Street, Chicopee, MA 01020
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: Yes  
 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 to be used for the purpose of carrying on the business.  
 Offices @ 603 Sumner Avenue, Springfield, MA  
 Dealership @ 536 East Street

**RESTRICTIONS: GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, HOURS M-F 8-8, SAT. 8-6, NO SUNDAY, 30 DAYS TO COMPLY F.D. REPORT 10/24/07, REPLACE PAD FOR OIL TANK AND BRING INTO COMPLIANCE, CARS 18 FOR SALE, 4 CUSTOMERS PARKING**

8. Are you a recognized agent of a motor vehicle manufacturer? No  
 If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

#150-  
221  
DM

50

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

- 1. What is the name of the concern? *Frank's Used Car Sales*
- 2. Business address of concern: *22 Pendexter Avenue*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *Individual*
- 3A. If an Individual, state full name and residential address: *Frank S. Dzewniak*  
*22 Pendexter Avenue, Chicopee*

- 4. If a co-partnership, state full names and residential address of the person composing it.
- 5. If an association or a corporation state full names and residential addresses of the principal officers:  
President:  
Secretary:  
Treasurer:

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 2 P 12: 11

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles? *yes*  
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:
- 7. Give a complete description of all the premises to be used for the purpose of carrying on the business.  
*Lot 34143 and 3334 on Pendexter Avenue and Lawndale Street*

*Restrictions: Good housekeeping, no inoperable vehicles, no storing of junk vehicles.*

- 8. Are you a recognized agent of a motor vehicle manufacturer?  
If so, state name of manufacturer:
- 12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

51



CITY CLERK'S OFFICE  
THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

2014 DEC -8 P 4: 32

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 2nd 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.

1. What is the name of the concern? *Frontline Motors, Inc.*
2. Business address of concern: *759 Meadow Street*
3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
President: *Michael R. Bleau, 449 Pine cone Lane, Ludlow, MA 01056*  
Secretary: *Robert A. Bleau, 43 Buick Street, Springfield, MA 01118*  
Treasurer: *Michael Bleau, 449 Pine Cone Lane, Ludlow, MA 01056*
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
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 to be used for the purpose of carrying on the business.  
*132' frontage on Meadow Street with a depth of 150' for approx. 37,000 sq. feet. Situated on the property is a cinder block building approx. 10' x 20' with a 5' x 6' front roof overhand. Approx. 400 sq feet to be used as a sales office. The property is chain link fenced on all 4 sides.*
- RESTRICTIONS:** *Hours of operation Mon-Sat 9Am-8PM, Sunday noon to 5pm, Good housekeeping, no outside storage, no junk or inoperable vehicles at any time, max number of unregistered cars on lot at any time 50, adhere to approved plot plan, must comply with Fire Dept. regulations/restrictions, Chet's Auto Repair will repair vehicles, approve plot plans with Fire Dept. and Planning Director.*
8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

52



THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
DEC - 5 P 2 41

1. What is the name of the concern? *G.L. Haesaert, Inc.*
2. Business address of concern: *1633 Memorial Drive*
3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
*President: George L. Haesaert, 163 Mary Street, Chicopee, MA 01020*  
Secretary:  
Treasurer:
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *no*  
If so, is your principal business the sale of new motor vehicles:  
Is your principal business the buying and selling of second hand motor vehicles:  
Is your principal business that of a motor vehicle junk dealer:
7. Give a complete description of all the premises to be used for the purpose of carrying on the business.  
*Large 4 bay auto repair shop will use a small parking section for a few used cars for sale. Repairs for used cars will be done on premises. Lot has very good access to Memorial Drive and is zoned for this purpose.*

**RESTRICTIONS: Hours Mon-Sat 8AM-6PM, No Sundays, Good housekeeping, no junk or inoperable vehicles, max number of cars for sale on lot at any time 4, adhere to approved plot plans, must comply with Chicopee Fire Dept. Conditions/Regulations.**

8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
If so, state name of manufacturer:  
*12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.*
9. Have you a signed contract as required by Section 58, Class 1? *no*

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

**COPY**

53

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

- 15. What is the name of the concern? Kanar Auto Sales, LLC
- 2. Business address of concern: 245 East Street
- 3. Is the above concern an individual, co-partnership, and association or a corporation? Corporation, LLC
- 3A. If an Individual, state full name and residential address:

4. If a co-partnership, state full names and residential address of the person composing it.

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

- President: Hussien Alnuwab: 126 Osborne Terrace, Springfield, MA 01104
- Secretary: Mohammed Alsultani: 270 City View Avenue, West Springfield, MA 01089
- Treasurer:

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*
- 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 to be used for the purpose of carrying on the business.

*Single free standing commercial building with two bay garages for vehicle repair. Two offices, one for sales and one for service complete. Restroom facilities for men and women. Parking for 25 cars including handicap parking near the building entrance.*

**Restrictions: Good Housekeeping, No Outside Storage, No junk cars, No outside repairs, Total number of vehicles 25, Inside 2, Outside 23, Employee 2, Customer 7, Hours of Operation, Monday, Tuesday, Wednesday, Thursday and Friday 9-7pm, Saturday 9-4pm, No Sundays, 13 cars for sale limit, 1 handicap parking, Fire Dept. Regulations, no loud music**

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ALL FEES  
NON-REFUNDABLE

*12/16/2014*  
*12/19/14*  
*MR*

2015 RENEWAL

54  
COPY

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

1. What is the name of the concern? *MR Auto LLC*
2. Business address of concern: *578 Springfield Street*
3. Is the above concern an individual, co-partnership, and association or a corporation? *Corporation*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: *Robert R. Summers, 62 Mill Road, East Longmeadow, MA 01028*  
 Secretary: *Michael R. Green, 39 Last Leaf Circle, Windsor, CT 06095*  
 Treasurer: *Michael R. Green, 39 Last Leaf Circle, Windsor, CT 06095*
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
 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 to be used for the purpose of carrying on the business. A  
*three bay garage that is approximately 1600 sq. feet and a lot size of about 6500 sq. feet that is 35 used car unit.*  
*Restrictions: Good Housekeeping, No Outside Storage, No. of Vehicles 26, 20 Spaces in lot for cars for sale, 2 Customer Spaces, 6 in garage for sale or repair, Business to operate from Hampden Street side only. A 10' Buffer Zone to be placed and a fence as on revised plans, Transfer pending sale to applicants and all taxes and fees are paid, no parking in front of garage. Hours of Operation: Monday-Friday 9-5, Saturday 9-2, no Sunday's.*
8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:  
*12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.*

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

PD \$100.00  
2/19/14 SLG

55

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE



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 2nd 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.

- 1. What is the name of the concern? *Penske Truck Leasing, Inc.*
- 2. Business address of concern: *30 Fuller Road*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *Corporation*
- 3A. If an Individual, state full name and residential address:

- 4. If a co-partnership, state full names and residential address of the person composing it.
- 5. If an association or a corporation state full names and residential addresses of the principal officers.

President: *Roger Penske, 600 Newesink River Road, Red Bank, NJ*

Secretary: *George Minutaglio, 407 Rockway Street, Bernier, NJ* *not correct*

Treasurer: *William Theile, Knollwood Road, Shirthills, NJ* *not correct*

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles:  
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 to be used for the purpose of carrying on the business.  
*See plans*

**Restrictions: Good Housekeeping, No inoperable vehicles, No Storing of junk vehicles.**

- 8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

- 9. Have you a signed contract as required by Section 58, Class 1? *no*

ALL FEES 100.00 pd  
NON-REFUNDABLE 12/8/14

2015 RENEWAL

56

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE  
2014 DEC 8 11:54



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 2<sup>nd</sup> 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.

- 1. What is the name of the concern? *Reliable Auto Sales*
- 2. Business address of concern: *74 Naomi Street*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *LLC*
- 3A. If an Individual, state full name and residential address:
- 4. If a co-partnership, state full names and residential address of the person composing it.
- 5. If an association or a corporation state full names and residential addresses of the principal officers.  
President: *John Catania, 418 Meadow Street Apt. D-9, Agawam MA 01001*  
Secretary:  
Treasurer:
- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
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 to be used for the purpose of carrying on the business.  
*Lot one hundred (100) feet long, fifty (50) feet wide, containing one garage w/ 3 bays 1 storage shed, fenced lot.*

**Restrictions: NO OUTSIDE STORAGE, HOURS 8:00-6:00 MON-SAT NO SUNDAYS, GOOD HOUSEKEEPING, HAVE BUILDING INSP., APPROVE CONTINGIENT UPON BECOMING A CORPORATION, 5 CARS, NO LICENSE ISSUED TILL ALL PAPERWORK IS ON FILE.**

- 8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
If so, state name of manufacturer:  
*12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.*

\$100 pd  
DM

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

57  
COPY

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

- 1. What is the name of the concern? *Roy Motor's Inc.*
- 2. Business address of concern: *490 Meadow Street*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *Corporation*
- 3A. If an Individual, state full name and residential address:

4. If a co-partnership, state full names and residential address of the person composing it.

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

- President: *David T. Roy, 87 Marten Street, Chicopee, MA 01020*
- Secretary: *David T. Roy, 87 Marten Street, Chicopee, MA 01020*
- Treasurer: *David T. Roy, 87 Marten Street, Chicopee, MA 01020*

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC 10 AM 10:38

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
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 to be used for the purpose of carrying on the business.

*Property at corner of Meadow and Empire Street lots 116 & 117, size 125 feet by 50 feet by 164 feet, office and service work on premises in the three bay garages.*

**Restrictions: *Good housekeeping, no inoperable vehicles, no storing of junk vehicles.***

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

9. Have you a signed contract as required by Section 58, Class 1? *no*

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

58  
COPY

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

1. What is the name of the concern? *Sonny's Auto Repair, Inc.*
2. Business address of concern: *1965 Memorial Drive*
3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:

4. If a co-partnership, state full names and residential address of the person composing it.

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

President: *Stanley Adamczyk, III, 56 Maryland Ave., Chicopee, MA*

Secretary: *Christine M. Adamczyk, 56 Maryland Ave., Chicopee, MA*

Treasurer: *Stanley Adamczyk, 56 Maryland Ave., Chicopee, MA*

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *no*

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

Is your principal business the buying and selling of second hand motor vehicles:

Is your principal business that of a motor vehicle junk dealer:

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

*Property located at 1965 Memorial Drive, Chicopee, MA Lot#20 on assessor's map #759 & 742. Total lot size of 25,266 sq. feet, existing 10 bay garage with office approx. 2,300 sq. feet. paved parking lot of approx 11,500 sq. ft*

*Restriction: Total of 25 cars for sale, Hours Mon-Fri 7AM-8PM, Sat 7AM-5PM, Sunday Noon-5pm, Good housekeeping, no outside storage, no storage of inoperable vehicles. Maintain 25' buffer zone in back.*

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ALL FEES 100.00 pd  
NON-REFUNDABLE 11-25-14  
John

2015 RENEWAL

59

CITY CLERK'S OFFICE  
THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE  
2014 NOV 25 A 11:00

COPY

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 2nd 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.

- 1. What is the name of the concern? *T & H Truck Sales, Inc. d/b/a Krystle Kleen Auto Sales*
- 2. Business address of concern: *235 Meadow Street*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:

- 4. If a co-partnership, state full names and residential address of the person composing it.
- 5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: *Michael A. Robare, 95 Rondeau Street, Palmer, MA*  
 Secretary: " " "  
 Treasurer: " " "

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
 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 to be used for the purpose of carrying on the business.  
*Front parcel of property 235 Meadow Street, Chicopee, MA*

**Restrictions:** *Hours of operation Mon-Fri 9AM-9PM, Sat 9AM-5PM, Sunday 12Noon to 4PM, Good housekeeping, no outside storage, no junk or inoperable vehicles at anytime, max number of unregistered vehicles on lot at anytime 151, adhere to approved plot plan, must comply with CFD Regulations/conditions, 8 foot stockade fence by 5/31/2000 against residential property (north side)*

- 8. Are you a recognized agent of a motor vehicle manufacturer?  
 If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

100.00 pd  
ALL FEES 12-4-14 Oct  
NON-REFUNDABLE

2015 RENEWAL

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

60  
COPY

2014 DEC - 11 - AUG - 24  
THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

- 1. What is the name of the concern? *Teta's Automotive, Inc.*
- 2. Business address of concern: *640 Springfield Street*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:

4. If a co-partnership, state full names and residential address of the person composing it.

- 5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: *Paul A. Teta, 44 Wendover Road, , Longmeadow, MA*  
 Secretary: *Diane L. Teta, 44 Wendover Road, Longmeadow, MA*  
 Treasurer: *Paul A. Teta, 44 Wendover Road, Longmeadow, MA*

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
 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 to be used for the purpose of carrying on the business.  
*Area beside and behind station at 640 Springfield Street, Chicopee, MA*

*Restrictions: No more than ten (10) vehicles at any one time, good housekeeping, no inoperable vehicles, no storing of junk parts or vehicles.*

- 8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:

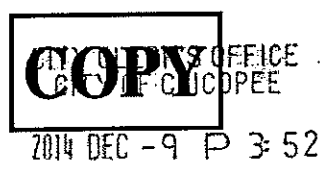
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

pd \$100.00  
Sec 12/19/14

61

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL



THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

- 1. What is the name of the concern? *Tito's Auto Sales, Inc.*
- 2. Business address of concern: *357 Chicopee Street*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *individual*
- 3A. If an Individual, state full name and residential address: *Jeffrey Lamerias Jose, 80 Fisher Road, Chicopee*

- 4. If a co-partnership, state full names and residential address of the person 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*  
 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 to be used for the purpose of carrying on the business.  
*Two room office, Parking lot, Garage facilities, 3 Bay Doors*

*Restrictions: Good Housekeeping, no outside storage, no junk cars, no outside repairs, total number of vehicles, 34-27 dedicated for sale, 5 sales customers, 2 employee, Hours of Operation: Mon.-Fri. 9-7, Sat. 9-5, Sun. closed, Fire Dept. Regulations*

- 8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

62

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

COPY

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 2nd 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.

1. What is the name of the concern? *Tony & Sons Auto Service & Sales Leasing & Rentals, Inc.*
2. Business address of concern: *170 South Street*
3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: *Antonio Francisco,*  
 Secretary: *Carlos M. Francisco, 164 South Street, Chicopee, MA*  
 Treasurer: *Antonio Francisco,*
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
 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 to be used for the purpose of carrying on the business.  
*Repair business zoned Business B*  
  
*Restrictions: Good Housekeeping, no inoperable vehicles, no storing of junk vehicles.*
8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:

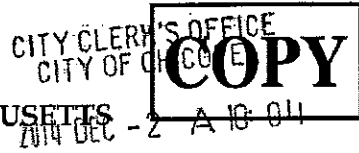
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

Pd \$100.00  
12/21/14 SEC

63

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL



THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

- 1. What is the name of the concern? *Tryba Auto Sales*
- 2. Business address of concern: *832 Meadow Street \*\*mail to 31 Old Pendleton Avenue  
Chicopee, MA 01020*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *Co-partnership*
- 3A. If an Individual, state full name and residential address:

- 4. If a co-partnership, state full names and residential address of the person composing it.  
*William D. Tryba, 31 Old Pendleton Avenue, Chicopee, MA 01020*  
*Eugene F. Tryba, 55 Butternut Drive, Agawam, MA*

- 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*  
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 to be used for the purpose of carrying on the business.  
*Office and three (3) car garage, land two (2) lots 100 feet by 100 feet, with 200 feet on Meadow Street, 100 feet on Lorraine Street, and 100 feet on Stedman Street, Chicopee, MA*

**Restrictions:** *Twenty eight (28) vehicles for sales, no inoperable vehicles, Good housekeeping, no storing of junk vehicles.*

- 8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

#100-204  
DM

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

64

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE



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 2nd 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.

- 16. What is the name of the concern? United Auto Export
- 2. Business address of concern: 1296 Montgomery Street
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *Individual*
- 3A. If an Individual, state full name and residential address: Jaafar M. Hamadeh, 127 Woodcrest Circle, Chicopee, MA 01020
- 4. If a co-partnership, state full names and residential address of the person composing it.

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 11 P 3: 52

- 5. If an association or a corporation state full names and residential addresses of the principal officer
  - President:
  - Secretary:
  - Treasurer:

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*
  - 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 to be used for the purpose of carrying on the business.

1-One office located at 1296 A Montgomery Street, Chicopee, MA

*Restrictions: Good Housekeeping, No Outside Storage, No junk cars, No outside repairs, Total number of vehicles 4, Inside 2, Outside 2, Employee 2, Customer 0, Hours of Operation, Monday, Tuesday, Wednesday, Thursday and Friday 9-5pm, Saturday closed, Sunday closed, No cars for sale at property, Restriction to automobiles for export only, Fire Dept. Regulations, p. property tax to be paid approx. \$530.*

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$100 per  
DM per

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

65

**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

1. What is the name of the concern? *Vital's Auto Service, Inc.*
2. Business address of concern: *451 Granby Road*
3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it:
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: *Vital M. Fonseca, 21 Lincoln Street, Chicopee, MA*  
 Secretary: " " "  
 Treasurer: " " "
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *no*  
 If so, is your principal business the sale of new motor vehicles:  
 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.  
*One story masonry block building 50 x 75 with office and bays in front of building and 3 bays in the rear, the premises are all fenced in.*  
*Restrictions: to restrict to 10 Vehicles for sale, no unregistered vehicles for sale, no unregistered vehicles in front of licensed premises, applicant to comply with MGL of sale of used vehicles.*
8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer
- 12/16/2014: Motion made by Councilor Roy (Ward. 9) to receive and granted with existing restrictions. Motion passed.
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*

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC 19 A 9 15

PA \$100.00  
12/10/14 SIC

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
**COPY**

66

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 2nd 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.

1. What is the name of the concern? Vitaly's Auto Sales
2. Business address of concern: 374 Chicopee Street
3. Is the above concern an individual, co-partnership, and association or a corporation? corporation
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: Dmitry Salagornik, 374 Chicopee Street, Chicopee, MA  
 Secretary: Aleysa Salagornik, 374 Chicopee Street, Chicopee, MA  
 Treasurer: Dmitry Salagornik, 374 Chicopee Street, Chicopee, MA
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: yes  
 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 to be used for the purpose of carrying on the business.  
 The premises to be operated on the available land adjacent to 374 Chicopee Street.

**Restrictions: Hours Mon-Fri 9AM-6PM, Sat 9AM-12PM, No Sunday, No of Vehicles 30, good housekeeping, no outside storage, Revised plan 2/22/10, Chicopee St. to house and turn around to be blacktopped, Storm water management plan must be approved by Engineering Dept. Cars only parked in Business A Zone, all lights to be directed on lot. 108 Meadow St, Vitally to do Repairs.**

8. Are you a recognized agent of a motor vehicle manufacturer? no  
 If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

100 PD  
12-8-14  
[Signature]

67

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 3rd 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.

1. What is the name of the concern? *Center Street Auto Parts of Chicopee, Inc.*
2. Business address of concern: *651 Center Street*
3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:
4. If a co-partnership, state full names and residential address of the person composing it.
5. If an association or a corporation state full names and residential addresses of the principal officers.  
 President: *Fred Pafumi, 137 Fair Oak Road, Springfield, MA 01101*  
 Secretary: *Annette Pafumi*  
 Treasurer: *Atty. Patrick Doyle, 180 Parker Street, Springfield, MA 01101*
6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *no*  
 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 to be used for the purpose of carrying on the business.  
*Rear of Rockrimmon Road, Springfield, MA*
8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ALL FEES 100.00 pd  
NON-REFUNDABLE htr  
12/3/14

2015 RENEWAL

68



CITY CLERK'S OFFICE  
THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

2014 DEC 3 4 11 PM  
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 3rd 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.

1. What is the name of the concern? Chicopee Auto Farm
2. Business address of concern: 980 East Main Street
3. Is the above concern an individual, co-partnership, and association or a corporation? Corporation
- 3A. If an Individual, state full name and residential address:

4. If a co-partnership, state full names and residential address of the person composing it.

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

President: Dwayne Pafumi, 290 Wilbraham Road, Monson, MA

Secretary: Charyl Pafumi, 290 Wilbraham Road, Monson, MA

Treasurer: Dwayne Pafumi, 290 Wilbraham Road, Monson, MA

6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: yes

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: yes

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

10.1 acres of land with a four bay garage with a fence across the front.

Restrictions: Good housekeeping, No outside storage, no junk cars, No outside repairs, Total number of vehicles 50, inside 15, outside 35, employee 4, customer 10, Hours of Operation: Mon.-Fri. 8-6pm, Sat. 8-3pm, Sun. none, 1 handicap spot against building, 20 cars for sale, any additional construction, paving, brush cleaning needs Engineering approval. Fire Department Regulations, No parking against building when closed. # of scrap cars not to exceed 300, same restrictions as Class 2 license. No stacking crushed cars more than 9 high, no stacking uncrushed cars more than 3 high.

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$100 per  
DM

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

69  
**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 3rd 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.

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
DEC 10 11:11

- 1. What is the name of the concern? *Dowd's*
- 2. Business address of concern: *162 East Meadow Street*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *Individual*
- 3A. If an Individual, state full name and residential address: *Michael Dowd*  
*2 Ogden St ~~53 Langdon Street~~, Chicopee, MA 01013*
- 4. If a co-partnership, state full names and residential address of the person 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*

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

*143 foot frontage*

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

Ad \$100.00  
Sec 12/9/14  
ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

70

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE



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 3rd 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.

- 1. What is the name of the concern? *Laflamme Trucks & Equipment Sales, Inc.*
- 2. Business address of concern: *347 McKinstry Avenue*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:

- 4. If a co-partnership, state full names and residential address of the person composing it.
- 5. If an association or a corporation state full names and residential addresses of the principal officers.

President: *Richard Laflamme, 30 Nash Street, Chicopee, MA*  
 Secretary: " " "  
 Treasurer: *Richard Laflamme, " "*

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *yes*  
 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 to be used for the purpose of carrying on the business.  
*Lot 200 feet by 400.*

*Restrictions: Nine (9) trees to be planted within a reasonable amount of time on the westerly side, stacking not exceed 35 feet, business to operate within plot plan filed with original application, land owned & deeded to Richard Laflamme & John D. Carroll, 165.69 feet, 173,71 by 386.02 feet, 6' chain link fence to be erected along boundary of state property by 6/89 rear of property, east-west division, business to be operated within plot plan boundaries.*

- 8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

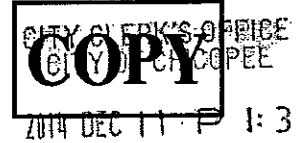
Pd \$100.00  
12/11/14 JLC

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

71

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE



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 3rd 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.

- 1. What is the name of the concern? *T & H Truck Sales*
- 2. Business address of concern: *235 Meadow Street*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:
- 4. If a co-partnership, state full names and residential address of the person composing it.
- 5. If an association or a corporation state full names and residential addresses of the principal officers.

President: *Hemantkumar Patel, 134 South Street, Belchertown, MA 01007*  
 Secretary: *Michael A. Robare, 95 Rondeau Road, Palmer, MA 01069*  
 Treasurer: *Michael. Robare, 95 Rondeau Road, Palmer, MA 01069*

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles:  
 If so, is your principal business the sale of new motor vehicles:  
 Is your principal business the buying and selling of second hand motor vehicles:  
 Is your principal business that of a motor vehicle junk dealer:

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.  
*235 Meadow Street, Middle Parcel Address will be 235 Meadow Street upon completion of sale of property to Michael Robare*

Restriction(s) of: *Minimum of 20 foot buffer between the used car lot property and the junkyard, Trees and bushes to be left on the property as a buffer for Gagne Street, A clear line of demarcation between the Robare junkyard and the junkyard that abutts his property, Access entrance from Mill Street to be created for emergency vehicles only. All regular traffic to the business is to use the Meadow Street entrance to the property. All tires on the property are to be neatly piled and covered to prevent them from collecting water. Vehicles must be available to move junk cars in case of emergency. Fire Department letter dated Septmeber 11, 2003 regulations be part of the license restrictions or requirements. Hours of Operation 8AM-5PM Monday-Saturday. Stacking of vehicles must not exceed 2 vehicles. No more than 250 cars on property. No new tires to be added as of 11/6/03. Also, a certificate be issued by Company removing tires and kept on site for review by enforcing authority.*

- 8. Are you a recognized agent of a motor vehicle manufacturer? *no*  
 If so, state name of manufacturer:

*12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.*

\$100 pl  
DM

72

ALL FEES  
NON-REFUNDABLE

2015 RENEWAL

**COPY**

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

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 3rd 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.

1. What is the name of the concern? *Top Dog Auto*  
2. Business address of concern: *238 Meadow Street*

3. Is the above concern an individual, co-partnership, and association or a corporation? *individual*  
3A. If an Individual, state full name and residential address:

*George R. Brusio, 103 Chapel Street, Chicopee, MA 01020*

4. If a co-partnership, state full names and residential address of the person 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: *no*

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: *yes*

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

*2 Bay garage with an office 75 ft X 100.52 ft, storage lot with 12 parking spaces*

RESTRICTIONS: 1) Good Housekeeping 2) No outside storage 3) No outside work 4) Number of vehicles 12 Cars outside (7 business vehicles, 2 inside unregistered) 5) Hours of Operation M-Saturday 7am to 5pm Closed Sunday 6) Tires and Batteries 7) Class III operations shall be limited to removal of tires, batteries, and catalytic converter 8) all work to be done inside 9) same parking scheme as Auto Repair License

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

2014 DEC 22 A 11: 29  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

ALL FEES  
NON-REFUNDABLE

*pd \$100.00  
12/3/14 SIC*

2015 RENEWAL

73

THE COMMONWEALTH OF MASSACHUSETTS  
CITY OF CHICOPEE

**COPY**  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC -3 A 10:53

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 3rd 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.

- 1. What is the name of the concern? *Willimansett Waste Co., Inc.*
- 2. Business address of concern: *239 Narragansett Blvd.*
- 3. Is the above concern an individual, co-partnership, and association or a corporation? *corporation*
- 3A. If an Individual, state full name and residential address:

4. If a co-partnership, state full names and residential address of the person composing it.

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

- President: *Elinor Hazen, 225 State Street, Belchertown, MA 01007*
- Secretary: *Bruce A. Tolpa, 162 Old Bay Road, Belchertown, MA 01007*
- Treasurer: *Bruce A. Tolpa,*

- 6. Are you engaged principally in the business of buying, selling or exchanging motor vehicles: *no*  
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: *yes*

7. Give a complete description of all the premises to be used for the purpose of carrying on the business.

*Garage, wood frame 42 feet by 44 feet, parking area approximately 42 feet by 100 feet.*

**Restrictions: *Property fencing be installed per Planning and Zoning, plant evergreens along Narragansett Blvd., side outside fence, all trucks and vehicles be parking behind fence including box trailers.***

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

If so, state name of manufacturer:

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

74

2015 RENEWAL

FEE \$36.00



CITY OF CHICOPEE

APPLICATION FOR A LICENSE FOR AN AUTO BODY SHOP TO DO BODY WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO BODY LICENSE to do body work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? DMS AUTO BODY & COLLISION  
Business Address: 393 NEW LUDLOW ROAD  
Is an individual, co-partnership, an association or corporation: INDIVIDUAL  
If Individual state Name: WESLEY D. SMITH, 100 EAST STREET, GRANBY, MA  
If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of bodywork on motor vehicles?

Give a complete description of all the premises to be used for the purpose of carrying on all body work on motor vehicles: Cement block building, 4 stalls for the repair of autos.

RESTRICTIONS: NO JUNK STORAGE, HOURS OF OPERATION MON TO FRI 8AM TO 5PM, SAT 8AM TO 12NOON, GOOD HOUSEKEEPING, NO JUNK OUTSIDE, NO BODY WORK OUTSIDE, DOORS TO BE KEPT CLOSED 5 VEHICLES INSIDE.

Are you a recognized agent of a motor vehicles manufacturer? NO  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES  
If so, in what city CHICOPEE Did you receive a license? YES Year 1984-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name [Signature]  
Residence 100 EAST ST GRANBY, MA, 01033  
Business Telephone Number 413-536-3906 Home Telephone Number [Signature]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$36  
FEE  
DON

75

FEE \$36.00

2015 RENEWAL

CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO BODY SHOP TO DO BODY WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO BODY LICENSE to do body work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 1 A 11:32

Name of the business? DON ROY'S AUTO BODY & APPEARANCE CENTER, INC.  
Business Address: 1416 GRANBY ROAD  
Is an individual, co-partnership, an association or corporation: CORPORATION  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of bodywork on motor vehicles? YES

Give a complete description of all the premises to be used for the purpose of carrying on all body work on motor vehicles: 1416 Granby Road a 5,700 square foot metal & brick building built originally as an auto repair business, paved parking lot surrounds building, wire fence with close off gate to drive access.

RESTRICTIONS: HOURS MON THRU SAT 8AM TO 8PM, SUNDAY NONE, BLOWERS TO BE SHUT DOWN AT 5:30PM, NO OUTSIDE REPAIRING, GOOD HOUSEKEEPING, NO JUNK OR INOPERABLE VEHICLES AT ANY TIME, NO SPARE PARTS TO BE STORED OUTSIDE, EXITS MUST BE MARKED, SPRAY BOOTH & WELDING EQUIPMENT MUST BE INSPECTED BY CHICOPEE FIRE DEPARTMENT AND APPROVED.

Are you a recognized agent of a motor vehicles manufacturer? NO  
If so state name of manufacturer:  
Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES  
If so, in what city CHICOPEE Did you receive a license? YES Year 1992-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name Donald J. Roy  
Residence 115 TOWN CHICOPEE MASS. 01020  
Business Telephone Number 413-543-5110 Home Telephone Number [REDACTED]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

Pd \$36.00  
2/10/14 SIC  
FEE \$36.00

76

2015 RENEWAL

CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO BODY SHOP TO DO BODY WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a *AUTO BODY LICENSE* to repair and to do body work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

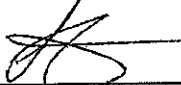
Name of the business? *VITALY'S AUTO BODY*  
Business Address: *108 MEADOW STREET*  
Is an individual, co-partnership, an association or corporation: *CORPORATION*  
If Individual state Name:  
If a co-partnership state name: *Vladimir Salagornik, 96 Meadow St., Dmitry Salagornik, 374 Chicopee St, Vena Salagornik 96 Meadow St.*  
If an association or corporation state name:  
Are you engaged principally in the business of bodywork on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all body work on motor vehicles *Empty lot at 108 Meadow St, was once a gas station years ago. Mixed use district with proper zoning. Newly constructed facility to comply with all applicable local & state laws. 45' x 65' new construction.*

*RESTRICTIONS; Hours Mon - Fri 8am to 6pm, Sat 8am to 5pm, no Sunday, total number of cars, 8 for repairs*

Are you a recognized agent of a motor vehicles manufacturer?  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *Yes*  
If so, in what city *Chicopee* Did you receive a license? *YES* Year *2001-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles.

Sign your full name   
Residence *376 Chicopee St Chicopee MA 01013*  
Business Telephone Number *(413) 533-8902* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

77

2015 RENEWAL

FEE \$36.00 pd

Atty 12/8/14

RENEWAL

CITY OF CHICOPEE

COPY

CITY CLERK'S OFFICE

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

2014 DEC -8 A 10:34

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to repair motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? A.B.M. TRANSMISSION & ENGINE TECHNOLOGY

Business Address: 1090 CHICOPEE STREET

Is an individual, co-partnership, an association or corporation: INDIVIDUAL

If Individual state Name: MARK T. MACDONALD, 107 TURKEY HILL RD., BELCHERTOWN, MA

If a co-partnership state name:

If an association or corporation state name:

Are you engaged principally in the business of repair work on motor vehicles?

YES, REPAIR WORK

Give a complete description of all the premises to be used for the purpose of carrying on all repair or do body work on motor vehicles: Building consisting of office, lounge area, bathroom, washroom, storage area, 2 bay garage with overhead doors (approx. 30' x 34') large parking lot.

RESTRICTIONS: COMPLY WITH FIRE REGULATIONS, NO SPRAY PAINTING OR AUTO BODY WORK, NO JUNKS, GOOD HOUSEKEEPING, NO PARKING ON EMERSON ST., SIDE, HOURS MON - THUR 8AM TO 7PM, FRI 8AM TO 6PM, SAT 8AM TO 4PM, NO SUNDAY HOURS.

Are you a recognized agent of a motor vehicles manufacturer? NO

If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES

If so, in what city CHICOPEE Did you receive a license? YES Year 1988-2014

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name [Signature] Residence 107 Turkey Hill Rd Belchertown MA Business Telephone Number 413 532 4287

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_ LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

*3/12/14*  
*OB*  
*12/19/14*

78

**2015 RENEWAL**

**FEE \$36.00**

**CITY OF CHICOPEE**

**RENEWAL**  
**COPY**

**APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *A & H SERVICE*  
Business Address: *374-376 BROADWAY*  
Is an individual, co-partnership, an association or corporation: *INDIVIDUAL*  
If Individual state Name: *JOSEPH M. RZESZUTEK,*  
*60 San Souci Drive, South Hadley, MA 01075*

If a co-partnership state name:

If an association or corporation state name:

Are you engaged principally in the business of repair work on motor vehicles?

Give a complete description of all the premises to be used for the purpose of carrying on all repair or do body work on motor vehicles: *Four (4) bay garage, two bays deep, four (4) stalls, two (2) toilets & office, etc...total of six (6) bays and two (2) hoists.*

**RESTRICTIONS: GOOD HOUSEKEEPING, NO INOPERABLE VEHICLES, NO OUTSIDE STORAGE OF PARTS OR EQUIPMENT.**

Are you a recognized agent of a motor vehicles manufacturer? *NO*

If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1984-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name: *[Signature]*  
Residence: *60 SAN SOUCI DR SOUTH HADLEY MA 01075*  
Business Telephone Number: *413 592-3547*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$36.00  
Dm

79

**2015 RENEWAL**

**FEE \$36.00**

**CITY OF CHICOPEE**

**RENEWAL  
COPY**

**APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? **Auto Techniques, Inc.**  
Business Address: **1424 Granby Road**  
Is an individual, co-partnership, an association or corporation: **Corporation**  
If Individual state Name:  
If a co-partnership state name:

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 5 P 2:06

If an association or corporation state name: **Auto Techniques, inc.**  
Are you engaged principally in the business of repair work on motor vehicles? **yes**

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: **repair engine drivetrain & suspension**

**RESTRICTIONS: GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO JUNK CARS, NO OUTSIDE REPAIRS, TOTAL NUMBER OF VEHICLES: 33, INSIDE 5, OUTSIDE 28, EMPLOYEE 2, CUSOMTER 19, HOURS OF OPERATION: MON.-FRI. 7-5PM, SAT. 8-12PM, SUN. CLOSED. 7 CARS FOR SALE, STANDARD FIRE DEPT. RESTRICTIONS.**

Are you a recognized agent of a motor vehicles manufacturer? **no**  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? **yes**  
If so, in what city *Chicopee* Did you receive a license? **yes** Year **1999-2011, 2015-**  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? **no**

Sign your full name **W. Avey**  
Residence **95 BRIDLE PATH RD CHICOPEE MA 01013**  
Business Telephone Number **593-6575**

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

80

2015 RENEWAL

FEE \$36.00

CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? B & L AUTOMOTIVE, INC.
Business Address: 760 FRONT STREET
Is an individual, co-partnership, an association or corporation: INDIVIDUAL
If Individual state Name: BRAD LEVEILLE,
7 Deerfield Drive, Wilbraham, MA 01095

CITY CLERK'S OFFICE
CITY OF CHICOPEE
2014 DEC 11 P 1:21

If a co-partnership state name:
If an association or corporation state name:
Are you engaged principally in the business of repair work on motor vehicles? PRINCIPALLY IN THE BUSINESS OF REPAIR ON MOTOR VEHICLES.

Give a complete description of all the premises to be used for the purpose of carrying on all repair or body work on motor vehicles: Cook's 760 Front Street, Chicopee, MA.

RESTRICTIONS: NO SPRAY PAINTING OR BODY WORK, SPRINKLERS TO BE MAINTAINED, HOURS MON-FRI 6AM TO 9PM, SAT 8AM TO 5PM, SUNDAY NONE.

Are you a recognized agent of a motor vehicles manufacturer? YES
If so state name of manufacturer: GENERAL MOTORS

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES
If so, in what city CHICOPEE Did you receive a license? YES YEAR 1998-2014
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name [Signature]
Residence 87 FRANCES ST. SPRINGFIELD MA 01104
Business Telephone Number 418-542-5187

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS
DATE OF APPROVAL/DENIAL \_\_\_\_\_
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

81

2015 RENEWAL

FEE \$36.00

RENEWAL

CITY OF CHICOPEE  
CITY OF CHICOPEE

COPY

2014 DEC -2 A 11:46

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to repair motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? BJ'S Wholesale Club, Inc.  
Business Address: 650 Memorial Drive, \*\*Mail to Corp.\*\* Attn Licensing Dept.  
One Mercer Road  
Natick, MA 01760

Is an individual, co-partnership, an association or corporation: Corporation  
If Individual state Name:  
If a co-partnership state name:

If an association or corporation state name: BJ'S Wholesale Club, Inc.  
Are you engaged principally in the business of repair work on motor vehicles? no

Give a complete description of all the premises to be used for the purpose of carrying on all repair or do body work on motor vehicles: Tire Bay

RESTRICTIONS: No Outside storage, no repairs on Sunday

Are you a recognized agent of a motor vehicles manufacturer? NO  
If so state name of manufacturer:

Have you ever applied for a license to do repair work on motor vehicles? YES  
If so, in what city CHICOPEE Did you receive a license? YES Year 2014-2015  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name [Signature]  
Residence 15 Hams St Quincy MA 01033  
Business Telephone Number 413 593 2474

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$36.00  
Dm pd

82

**FEE \$36.00**  
**2015 RENEWAL**  
**CITY OF CHICOPEE**



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

*I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an Auto Repair License to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.*

Name of the business? **Brake King Automotive, Inc.**  
Business Address: **519 Front Street**  
Is an individual, co-partnership, an association or corporation: **Corporation**  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name: **Brake King Automotive, Inc.**  
Are you engaged principally in the business of repair work on motor vehicles? **Yes,**

2014 DEC 10 A 11: 21  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *We will be purchasing the old Topor Dodge Building at 519 Front Street, Chicopee, MA. This building already exists as an Auto Body/Auto Repair facility.*

**Restrictions: Good Housekeeping, No outside storage of parts, no unregistered vehicles outside, No inoperable vehicles outside. Hours of operation 7:30am-6:00pm weekday, 7:30am-4:00pm Sat. Closed on Sunday.**

Are you a recognized agent of a motor vehicles manufacturer? **no**  
If so state name of manufacturer:  
Have you ever applied for a license to do repair or auto bodywork on motor vehicles? **yes**  
If so, in what city **Springfield** Did you receive a license **yes** Year **1993-2014**  
**Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles. CT 1996**

Sign your full name LINDA RONQU  
Residence 24 CHURCHILL DR LANSMEADOW, MA 01106  
Business Telephone Number 557 6908 Home Telephone Number \_\_\_\_\_

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.

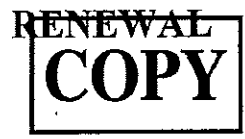
APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

2015 RENEWAL

FEE \$36.00 pd  
12/1/14 [Signature]

CITY OF CHICOPEE



CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
DEC 1 9 25

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF.

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? CAR MASTER  
Business Address: 176 GRANBY ROAD  
Is an individual, co-partnership, an association or corporation: INDIVIDUAL  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles?

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: Brick Building

RESTRICTIONS: GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, HOURS OF OPERATION: MONDAY - SUNDAY 9AM TO 7PM, NO OF VEHICLES, 8 TOTAL, 2 CUST, 1 EMPLOYEE, 5 CARS FOR SALE, APPLY NO PARKING SIGNS ON FENCE AREA OF PROPANE, NO OUTSIDE REPAIRS

Are you a recognized agent of a motor vehicles manufacturer? NO  
If so state name of manufacturer:  
Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES  
If so, in what city CHICOPEE Did you receive a license? YES Year 1988-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? YES

Sign your full name [Signature]  
Residence 132 Maryland Ave Chicopee MA  
Business Telephone Number 413-204-4248 Home Telephone Number

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

PAID \$36.00  
12/16/14 LLC

# 2015 RENEWAL

84

FEE \$36.00

RENEWAL

CITY OF CHICOPEE

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
**COPY**

DEC 10 P 1:30

## APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Center Auto Repair, LLC  
Business Address: 184 Center Street  
Is an individual, co-partnership, an association or corporation: LLC  
If individual state Name:  
If a co-partnership state name:

If an association or corporation state name: Center Auto Repair, LLC  
Are you engaged principally in the business of repair work on motor vehicles? yes

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: 2 Bay Garage

*RESTRICTIONS: Good Housekeeping, No outside storage, No of Vehicles: 8 (2 inside 6 outside) Number of Vehicles to be shared with Auto Detail License, Hours of Operation M-F 9am-5pm, Closed Sunday's*

Are you a recognized agent of a motor vehicles manufacturer? no  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? yes  
If so, in what city *Chicopee* Did you receive a license? *yes* Year *2012-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *no*

Sign your full name *Matthew Conna*  
Residence *845 Boston rd South, MA 01119*  
Business Telephone Number *413-694-1111* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

AD 10/26/14  
72/13/14

85

**2015 RENEWAL**

**FEE \$36.00**

**CITY OF CHICOPEE**

**RENEWAL  
COPY**

**APPLICATION FOR A LICENSE FOR AUTO REPAIR SHOP TO DO AUTO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the **CITY OF CHICOPEE**.

Name of the business? *CHICOPEE WELDING & TOOL, INC.*

Business Address: *40 HAYNES CIRCLE*

Is an individual, co-partnership, an association or corporation: *CORPORATION*

If Individual state Name:

If a co-partnership state name:

If an association or corporation state name: *WAYNE C. LEMOINE, PRES., & TREAS.  
54 HELEN STREET, CHICOPEE, MA,  
DONNA M. LEMOINE, SEC.  
54 HELEN STREET, CHICOPEE, MA,*

Are you engaged principally in the business of repair & bodywork on motor vehicles? *NO*

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *60 x 120 x 20 brick faced, block sides, four 14 x 20 doors.  
RESTRICTIONS: HOURS MON - FRI 7AM TO 5PM, SAT 7AM TO 12NOON, SUNDAY NONE, GOOD HOUSEKEEPING AT ALL TIMES; NO OUTSIDE STORAGE OF PARTS OR JUNK, NO AUTO BODY WORK, NO PAINTING (EXTERIOR)*

Are you a recognized agent of a motor vehicles manufacturer? *NO*

If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*

If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1993-2014*

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *[Signature]*  
Residence *54 HELEN ST CHICOPEE MA 01020*  
Business Telephone Number *413-598-8215*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

86

2015 RENEWAL

FEE \$36.00 pd  
12/1/14 [signature]

CITY CLERK OFFICE  
CITY OF CHICOPEE

RENEWAL

COPY

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? City Tire Company, Inc.  
Business Address: 1385 Memorial Drive  
Is an individual, co-partnership, an association or corporation: corporation  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name: City Tire Company, Inc.  
Are you engaged principally in the business of repair work on motor vehicles? Tires and automotive repair.

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: The property consists of a 4472 square foot single story building on 2.144 acres of land. All work will be performed inside the building.

RESTRICTIONS: Good Housekeeping, No outside storage, No. of Vehicles: 6 inside, 17 outside, Hours of Operation: Monday-Friday 7:30-5:00, Saturday 7:30-2:00, No Sunday

Are you a recognized agent of a motor vehicles manufacturer? no  
If so state name of manufacturer:  
Have you ever applied for a license to do repair or auto bodywork on motor vehicles? yes  
If so, in what city Waterford, CT Did you receive a license? yes Year 1998  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? no

Sign your full name [signature]  
Residence Longmeadow, MA, 160 wheelmeadow Dr.  
Business Telephone Number 413-737-1419 Home Telephone Number [redacted]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councillor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

36-187014

2015 RENEWAL

87

FEE \$36.00

CITY OF CHICOPEE

RENEWAL

COPY

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? D AND LAUTO d/b/a AUTO TEST WORLD
Business Address: 1973 MEMORIAL DRIVE
Is an individual, co-partnership, an association or corporation: CORPORATION
If Individual state Name:
If a co-partnership state name:
If an association or corporation state name: JOHN J. LaPORTE, PRES., 30 WESTBROOK AVE., WARE, MA,
Are you engaged principally in the business of repair work on motor vehicles? YES

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: The property will maintain it's current operations of automotive repair service (no body work) only ownership will change.
RESTRICTIONS: HOURS OF OPERATION MON-FRI 8AM TO 5PM, SUNDAYS CLOSED, GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO JUNK OR SALVAGE VEHICLES AT ANY TIME, MAX NUMBER OF UNREGISTERED VEHICLES ON LOT AT ANYTIME 5 (19 OTHERS) ADHERE TO APPROVED PLOT PLANS, MUST COMPLY WITH CHICOPEE FIRE DEPARTMENT REGULATIONS/RESTRICTIONS, LIMIT 24 VEHICLES SUBJECT TO ANY ADJUSTMENT, NO SPRAY PAINTING.

Are you a recognized agent of a motor vehicles manufacturer? NO
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES
If so, in what city CHICOPEE Did you receive a license YES Year 1999-2014
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name John Joseph Salento
Residence 30 Westbrook Ave Ware Mas 01882
Business Telephone Number 413 993-1777 Home Telephone Number [REDACTED]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS
DATE OF APPROVAL/DENIAL \_\_\_\_\_
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

2015 RENEWAL

FEE \$36.00 *pa 12-2-14*

CITY OF CHICOPEE

RENEWAL COPY

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Daniel's Truck Center
Business Address: 18 Montcalm Street
Is an individual, co-partnership, an association or corporation: Individual
If Individual state Name: Daniel Laflamme, 316 Montcalm Street
If a co-partnership state name:
If an association or corporation state name:
Are you engaged principally in the business of repair work on motor vehicles? yes

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: Lot to park Approx. (35) Motor Vehicles w/office & (2) Bay Garage.

Restrictions: Good Housekeeping, No Outside Storage, 2 Vehicles Inside, Customer Vehicles, 2 outside, minor repairs, No outside repairs, Abide by F.D. Regs, Hours of Operation: Monday - Friday 8-5, Saturday 9-3, Sunday none.

Are you a recognized agent of a motor vehicles manufacturer? No
If so state name of manufacturer:
Have you ever applied for a license to do repair or auto bodywork on motor vehicles?
If so, in what city? Chicopee Did you receive a license? yes Year ? 2007-2014
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked?

Sign your full name [Signature]
Residence 316 Montcalm St Chicopee, Ma.
Business Telephone Number 413 532-6222 Home Telephone Number

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS
DATE OF APPROVAL/DENIAL
LICENSE FEE SIGNED

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

*PL  
325.00  
12/16/14  
PS*

89

**2015 RENEWAL**

**FEE \$36.00**

**RENEWAL**

**CITY OF CHICOPEE**

**COPY**

**APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to repair motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the **CITY OF CHICOPEE**.

Name of the business: *F.L. Roberts and Co., Inc. d/b/a Jiffy Lube*  
Business Address: *2017 Memorial Drive \*Mail To Corp. Ofc. PO Box 1964 Springfield, MA 01102*  
Is an individual, co-partnership, an association or corporation: *CORPORATION*  
If Individual state Name:  
If a co-partnership state name:

If an association or corporation state name: *Steven M. Roberts, Pres.,  
David C. Weber, Sec., A. Seth Roberts, Tres.*

Are you engaged principally in the business of repair work on motor vehicles? *NO*

Give a complete description of all the premises to be used for the purpose of carrying on all repair or do body work on motor vehicles: *All repair work done inside (including oil changes, transmission fluid, radiator coolant, etc...) except certain work (such as fuel injection service, ac work, etc..) which would be done outside the building but on the premises.*

**RESTRICTIONS:** *Hours of operation Mon, Wed, Thurs, Fri 8am-6pm, Tues 8am-7pm, Sat 8am-5pm, Sunday 9am-4pm, no auto work, good housekeeping/no outside storage, no spray painting, must comply with Chicopee Fire Dept. regulations/restrictions (527 CMR 5.0 regarding repair of vehicles, bay 3 allowed repairs only)*

Are you a recognized agent of a motor vehicles manufacturer? *NO*

If so state name of manufacturer:  
Have you ever applied for a license to do repair work on motor vehicles? *Yes*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1992-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *[Signature]*  
Residence *241 WOLF SWAMP RD CHICOPEE MA*  
Business Telephone Number *413-781-7444*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$36-  
Dm 20

90

FEE \$36.00

2015 RENEWAL

CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the Business? FRANK'S USED CARS  
Business Address: 11 LAWDALE STREET  
Is an individual, co-partnership, an association or corporation: INDIVIDUAL  
If Individual state Name: FRANK DREWNIAK,  
22 PENDEXTER AVENUE, CHICOPEE, MA, 01013

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 2 P 12:35

If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? YES

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: Garage at 11 Lawndale Street and side lot rear of building.

RESTRICTIONS: GOOD HOUSEKEEPING, NO INOPERABLE VEHICLES, NO OUTSIDE STORAGE OF PARTS OR EQUIPMENT.

Are you a recognized agent of a motor vehicles manufacturer? NO  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES  
If so, in what city CHICOPEE Did you receive a license? YES. Year 1985-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever suspended or revoked? NO

Sign your full name Frank J Drewniak  
Residence 22 PENDEXTER AVE CHICOPEE MA 01013  
Business Telephone Number 413-536-4022 Home Telephone Number [REDACTED]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

91

2015 RENEWAL

FEE \$36.00 pd  
12/8/14 *Atwater*

CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF: 32

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? FRONTLINE MOTORS, INC.  
Business Address: 759 Meadow Street

Is an individual, co-partnership, an association or corporation: Corporation

If Individual state Name:

If a co-partnership state name:

If an association or corporation state name: Michael R. Bleau, Pres, Sec. & Tres.

Are you engaged principally in the business of repair work on motor vehicles? NO

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: The building will consist of a one car showroom with one bay for reconditioning and one bay for general automotive repair. Repair bay will have a lift, compressor and full shop tools. The building will also have central air conditioning and heating system

RESTRICTIONS: Park only what is approved by the Fire Dept., 40 cars for sale and repairs plus 2 for customers, no spray painting, good housekeeping, no outside storage, no junk or inoperable vehicles at any time, adhere to approved plot plan, must comply with Fire Dept. regulations/conditions, approve plot plans with Fire Dept. & Planning Director, hours of operation Mon to Sat 9am to 8pm, Sunday 12noon to 5pm.

Are you a recognized agent of a motor vehicles manufacturer? No

If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? Yes

If so, in what city Chicopee Did you receive a license Yes Year 2001-2014

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles? NO

Sign your full name Michael Robert Bleau  
Residence 449 Pine Cone Lane Woburn MASS 01056  
Business Telephone Number 504-8442 Home Telephone Number [REDACTED]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

ADP  
10/10/14

92

**2015 RENEWAL**

**FEE \$36.00**

**RENEWAL**

**CITY OF CHICOPEE**

**COPY**

**APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO ~~REPAIR WORK~~  
ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? **Kanar Auto Sale LLC**  
Business Address: **245 East Street, Chicopee, MA 01020**  
Is an individual, co-partnership, an association or corporation: **LLC**  
If Individual state Name:  
If a co-partnership state name:

If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? **No**

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: **Air Compressor-lifter-jacks-tool-vac-cleaning chemicals-water hose**

*RESTRICTIONS: Good Housekeeping, No Outside Storage, No junk cars, No outside repairs, Number of Vehicles 25, 2 inside, 23 outside, 2 Employee, 7 Customer, Hours of Operation, Monday, Tuesday, Wednesday, Thursday, Friday, 9-5, Saturday 9-12, no Sundays, Same restrictions and parking as Class 2 License. 1 Handicap Parking, Fire Department Regulations*

Are you a recognized agent of a motor vehicles manufacturer? **No**  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? **yes**  
If so, in what city **Chicopee** Did you receive a license? **yes** Year **2015-**  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? **NO**

Sign your full name Mohammed Alsultani  
Residence 270 City View Ave. West Springfield, MA 01089  
Business Telephone Number 413 386 0833

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

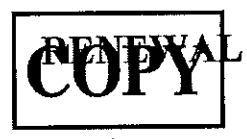
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

93

2015 RENEWAL

FEE \$36.00  
12/1/14  
Alonso

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC -1 P 3:07



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? MARIO'S AUTO SERVICE  
Business Address: 63 CENTER STREET  
Is an individual, co-partnership, an association or corporation: INDIVIDUAL  
If Individual state Name: MARIO J.M. DOMINGOS, 302 BEAUCHAMP TER., CHICOPEE, MA  
If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? YES

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: The premises consists of a three bay garage with office and over 4,000 square feet of parking spaces, and over 5,600 cubic feet of second floor storage area.  
RESTRICTIONS: NO SPRAY PAINTING, NO OUTSIDE STORAGE OR REPAIRS, HOURS MON TO FRI 8AM TO 6PM, SAT 8AM TO 1PM, NO SUNDAYS, NO TIRES, NO JUNK, NO OUTSIDE STORAGE, LIMIT OF 6 UNREGISTERED VEHICLES, KEEP ONE BAY OPEN OR CLEAR OF PARKED CARS.  
Are you a recognized agent of a motor vehicles manufacturer? NO  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES  
If so, in what city CHICOPEE Did you receive a license? YES Year 1994-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name Mario J.M. Domingos  
Residence 302 Beauchamp Ter. Chicopee, MA 01020  
Business Telephone Number 413.5980977 Home Telephone Number [REDACTED]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

2015 RENEWAL

94

FEE \$36.00 *pd*

*12/1/14*

CITY OF CHICOPEE

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

RENEWAL

COPY

APPLICATION FOR A LICENSE FOR AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *MATTA BROTHERS SERVICE STATION, INC.*

Business Address: *817 Front Street*

Is an individual, co-partnership, an association or corporation: *CORPORATION*

If Individual state Name:

If a co-partnership state name:

If an association or corporation state name: *RAMEZ MATTA 22 POMEROY ST WILBRAHAM MA 01095*  
*-180 Crane Hill Road, Wilbraham, MA 01095-*

Are you engaged principally in the business of repair work on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *PREMICES INCLUDE 3 OVERHEAD DOOR BAYS. ONE BAY WILL BE USED FOR STATE INSPECTIONS. THERE ARE +11 PARKING SPACES AND ONE HANDICAPPED. \*THERE WILL BE A SEATING AREA OF ABOUT 50FT.*

RESTRICTIONS: *GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO OF VEHICLES: 2 INSIDE, 1 BAY 4 PARKING SPACES OUTSIDE. HOURS OF OPERATION: MON-FRI 8-5:30 REPAIR & INSPECTIONS, SAT 8-1 INSPECTIONS ONLY, NO SUNDAYS. ABIDE BY ALL FIRE DEPT REGULATIONS, SEE ATTACHED SHEET DATED JULY 11, NO PARKING AGAINST BUILDING. APPROVE IF APPROVED BY FIRE DEPT., PLANNING, AND ENGINEERING PRIOR TO 5/2/11. 5 PARKING SPACES ACCORDING TO PLOT PLAN, \*COPY OF LEASE AGREEMENT PRIOR TO MTG 2/7/12.*

Are you a recognized agent of a motor vehicles manufacturer? *NO*

If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*

If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *2015*

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name

Residence *22 POMEROY ST Wilbraham MA 01095*

Business Telephone Number *(413) 592-2700*

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_

LICENSE \_\_\_\_\_

FEE \_\_\_\_\_

SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

95

### 2015 RENEWAL

FEE \$36.00

### CITY OF CHICOPEE



#### APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *MEINEKE DISCOUNT MUFFLERS*  
Business Address: *1633 MEMORIAL DRIVE*  
Is an individual, co-partnership, an association or corporation: *CORPORATION*  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name: *G.L. Haesaert, Inc.*  
Are you engaged principally in the business of repair work on motor vehicles? *YES*

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 5 2 24 1

Give a complete description of all the premises to be used for the purpose of carrying on repair work on motor vehicles: *A 3 bay garage with three lifts, about 2,300 square feet on 1633 square feet of land (fully paved) at 1633 Memorial Drive, the past 10 years the property has been operated principally as a automobile transmission business.*

**RESTRICTIONS: NO OUTSIDE STORAGE OF PARTS, NO OUTSIDE STORAGE OF CARS NOT IN FOR REPAIRS, HOURS MON TO SAT 8AM TO 6PM, NO SUNDAY HOURS, TEN FOOT SETBACK FROM MEMORIAL DRIVE, GOOD HOUSEKEEPING.**

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1986-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *George J. Haesaert*  
Residence *163 Army St Chicopee MA 01020*  
Business Telephone Number *413.536.4551* Home Telephone Number *[REDACTED]*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$36 per  
DM

96

# 2015 RENEWAL

FEE \$36.00

## CITY OF CHICOPEE

RENEWAL  
COPY

### APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Metro Auto Sales & Service, Inc.  
Business Address: 650C Memorial Drive  
Is an individual, co-partnership, an association or corporation: Corporation  
If Individual state Name:  
If a co-partnership state name:

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC - 1 P 2:50

If an association or corporation state name: Metro Auto Sales & Service, Inc.  
Are you engaged principally in the business of repair work on motor vehicles? Yes repair  
Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: Service department located in the dealership, there will not be any body work performed at the dealership.

*RESTRICTIONS: Good Housekeeping, No outside storage, No junk cars, No outside repairs, Total number of vehicles: 502, 44 inside, 458 outside, Employee 20, Customer 25, Hours of Operation: Monday-Friday 7am-5pm, Saturday 7am-3pm, Sunday no repair*

Are you a recognized agent of a motor vehicles manufacturer? yes  
If so state name of manufacturer: Chrysler Jeep Dodge Ram

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? Yes,  
State of Ma  
If so, in what city Chicopee Did you receive a license? yes Year 2012-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked?

Sign your full name Michael A. Futer  
Residence 44 Berterg Dr. W. Spfld., MA 01089  
Business Telephone Number 413314-3018 Home Telephone Number [REDACTED]

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

96.00  
12/16/14  
97

# 2015 RENEWAL

FEE \$36.00

## CITY OF CHICOPEE

RENEWAL  
COPY

### APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *MR AUTO LLC*  
Business Address: *578 SPRINGFIELD STREET*  
Is an individual, co-partnership, an association or corporation: *CORPORATION*  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name: *MR AUTO LLC*  
Are you engaged principally in the business of repair work on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *a 3 bay garage that is approximately 1600 sq ft and a lot size of about 6500 sq feet.*

*RESTRICTIONS: GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO MORE THAN 6 CARS IN GARAGE, NO VEHICLES PARKED IN FRONT OF DOORS-NO OUTSIDE STORAGE, REPAIRS TO BE DONE ON APPLICANTS CARS FOR SALE ONLY. NO AUTO BODY WORK, ALL TAXES AND FEE MUST BE PAID, HOURS MONDAY-FRIDAY 9-5 SAT. 9-2, NO SUNDAY*

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1987-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *Paul A. [Signature]*  
Residence *578 Springfield Street Chicopee MA 01013*  
Business Telephone Number \_\_\_\_\_ Home Telephone Number *777-7777*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

#32 PL  
DM

98

2015 RENEWAL

FEE \$36.00



CITY OF CHICOPEE

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
JAN 20 10:10:46

Name of the business? Mr. Clean Auto Detailing  
Business Address: 1057 Montgomery Street  
Is an individual, co-partnership, an association or corporation: individual  
If Individual state Name: Evelyn Roman  
If a co-partnership state name:

If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? yes

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: Oil Change, breaks and tune up

*RESTRICTIONS: Good Housekeeping, No outside storage, No junk cars, No outside repairs, Total number of vehicles 4, 2 inside, 2 outside, 1 Employee, Hours of Operation: Monday thru Saturday 8:00am to 6:00pm, Sunday Closed, No parking near building*

Are you a recognized agent of a motor vehicles manufacturer? no  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? no  
If so, in what city Did you receive a license? Year  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked?

Sign your full name Evelyn Roman  
Residence 71 Blunt Rd. Springfield, MA 01109  
Business Telephone Number 413-219-6438 Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

PD 36.00 OR  
(PB) 11/25/14

99

**2015 RENEWAL**

**FEE \$36.00**

**CITY OF CHICOPEE**



**APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? PaPaleguas Motocar's  
Business Address: 813 Front Street  
Is an individual, co-partnership, an association or corporation: individual  
If Individual state Name: Daniel Izidoro Langame  
If a co-partnership state name:

If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? yes

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: 2 Bay garage measuring each 45 ft x 16 ft made of cinderblock and parking spaces in front of them.

*RESTRICTIONS: GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO OUTSIDE REPAIRS, NO JUNK CARS, NO BODY WORK, NUMBER OF VEHICLES 9 (5 OUTSIDE, 4 INSIDE), HOURS OF OPERATION, M-F 8AM - 6PM, SATURDAY 8AM - 1PM, CLOSED SUNDAY, GRANT FOR 60 DAYS UPON NEW ADDRESS IN PLACE.*

Are you a recognized agent of a motor vehicles manufacturer? no  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? yes  
If so, in what city *Chicopee* Did you receive a license? yes Year 2012-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked?

Sign your full name DANIEL IZIDORO LANGAME  
Residence 417 SPRINGFIELD ST CHICOPEE 01013  
Business Telephone Number 413 206 1341 Home Telephone Number                     

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$36 fee  
DM

100

# 2015 RENEWAL

FEE \$36.00

## CITY OF CHICOPEE

RENEWAL  
COPY

### APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *PORTER & CHESTER INSTITUTE, INC.*  
Business Address: *1998 WESTOVER ROAD*  
Is an individual, co-partnership, an association or corporation: *CORPORATION*  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name:

2014 DEC - 5 A 10:11  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

Are you engaged principally in the business of repair work on motor vehicles? *NO*  
Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *44' x 94', 4,136 square foot shop, cinder block construction, 5 service doors, equipment, 5 lifts and Jundter front end machine.*

#### RESTRICTIONS ON SEPARATE SHEET

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1993-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *Scott Dudley*  
Residence *41 Kimberly Dr. Enfield Ct 06082*  
Business Telephone Number *413-593-2000* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

FEE \$36.00

pg 12/16/14  
101

2015 RENEWAL

101

CITY OF CHICOPEE

RENEWAL

COPY

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Rallye Automotive, LLC d/b/a Curry Nissan Chicopee

Business Address: 765 Memorial Drive

Is an individual, co-partnership, an association or corporation: LLC

If Individual state Name:

If a co-partnership state name:

If an association or corporation state name:

Are you engaged principally in the business of repair work on motor vehicles? No

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: 765 Memorial Drive, Chicopee, MA 01020

RESTRICTIONS: Good Housekeeping, no outside storage, Hours: Mon., Tues., Fri., 7:30-5:30, Wed., Thurs., 7:30-7, Sat. 8-4, no Sunday. Abide by all Fire Dept. Regulations and all City Departments Requirements and Ordinances

Are you a recognized agent of a motor vehicles manufacturer? yes

If so state name of manufacturer: Nissan

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? yes

If so, in what city Chicopee Did you receive a license? yes Year 1999-2014

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? No

Sign your full name Debra A. [Signature]  
Residence 138 Pleasant Edge Dr Southwick CT 06489  
Business Telephone Number 413-593-6729 Home Telephone Number [Signature]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

102

FEE \$36.00 *pd*  
12/8/14

2015 RENEWAL

CITY OF CHICOPEE  
CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *RELIABLE AUTO SALES*  
Business Address: *74 NAOMI STREET*

Is an individual, co-partnership, an association or corporation: *LLC*  
If Individual state Name: *John Catania, 418 Meadow Street Apt. D-9*  
If a co-partnership state name:

If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *3 Bay Garage Bldg @ 74 Naomi Street*

RESTRICTIONS: *8AM TO 6PM MON-SAT NO SUNDAYS, NO OUTSIDE SOTRAGE, GOOD HOUSEKEEPING, HAVE BLDG. INSP. APPROVED CONTINGIENT UPON BECOMING A CORPORATION, 5 CARS.*

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *[Signature]*  
Residence *418 Meadow St. D9 Agawam, MA*  
Business Telephone Number *413/221-0535* Home Telephone Number *[Redacted]*

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

#36  
p.d  
DM

103

FEE \$36.00

2015 RENEWAL  
CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business: *ROY MOTORS, INC.*  
Business address of concern: *490 Meadow Street*

Is the above an individual, co-partnership, an association or corporation: *Corporation*  
If a co-partnership state name:

If an association or corporation state name: *David T. Roy, 87 Marten Street, Chicopee, MA 01020*

Are you engaged principally in the business of repair work on motor vehicles? *Auto repairs only.*

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *3 bay garage for repairs only.*

CITY CLERKS OFFICE  
CITY OF CHICOPEE  
2014 DEC 16 10 58

**RESTRICTIONS: GOOD HOUSEKEEPING, NO INOPERABLE VEHICLES, NO OUTSIDE STORAGE OF PARTS OR EQUIPMENT.**

Are you a recognized agent of a motor vehicles manufacturer? *NO*

If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*

If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1987-2014*

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *David T. Roy*  
Residence *87 Marten St Chicopee MA 01020*  
Business Telephone Number *4135341441* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

104

2015 RENEWAL

FEE \$36.00

CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? SONNY'S AUTO REPAIR, INC.
Business Address: 1965 Memorial Drive
Is an individual, co-partnership, an association or corporation: Corporation
If Individual state Name:
If a co-partnership state name:
If an association or corporation state name: Sonny's Auto Repair, Inc.
Are you engaged principally in the business of repair work on motor vehicles? YES

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: Property located at 1965 Memorial Dr, Chicopee, lot #20 on assessor's maps #759 & 742. Total lot size of 25,266 sq. feet. Existing 2,300 sq foot building with 10 bays & office space. paved parking lot approx. 11,500 sq. feet.

RESTRICTIONS: HOURS MON.- FRI 7AM TO 7PM, SAT 7AM TO 5PM, NO SUNDAYS, NO OUTSIDE STORAGE, GOOD HOUSEKEEPING, NO STORAGE OF INOPERABLE VEHICLES, MAINTAIN 25' BUFFER ZONE IN BACK, CLOSE ENTRANCE BETWEEN AUTO TECH & SONNY'S FOR ADDITIONAL PARKING.

Are you a recognized agent of a motor vehicles manufacturer? No
If so state name of manufacturer:
Have you ever applied for a license to do repair or auto bodywork on motor vehicles? Yes
If so, in what city Chicopee Did you receive a license Yes Year 2000-2014
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles. No

Sign your full name [Signature]
Residence 56 Maryland Ave. Chicopee MA 01020
Business Telephone Number 552-3232 Home Telephone Number [Signature]

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS
DATE OF APPROVAL/DENIAL \_\_\_\_\_
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

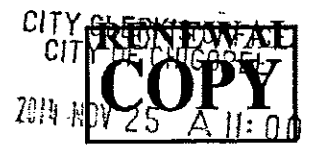
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

FEE \$36.00

11-25-14 *pd*

2015 RENEWAL

CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? T & H Truck Sales, Inc. d/b/a Krystle Kleen Auto Sales  
Business Address: 235 MEADOW STREET

Is an individual, co-partnership, an association or corporation: CORPORATION

If Individual state Name:

If a co-partnership state name:

If an association or corporation state name: Michael A. Robare, Pres., Sec., Treas.

Are you engaged principally in the business of repair work on motor vehicles? NO-SECONDARY USE ON VEHICLES FOR SALE.

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: 2 bays, 500 ft., existing garage.

RESTRICTIONS: HOURS OF OPERATION MON - FRI 9AM TO 5PM, SAT 9AM TO 1PM, SUNDAY NONE, GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO JUNK OR INOPERABLE VEHICLES AT ANYTIME, ADHERE TO APPROVED PLOT PLAN, 2 BAYS USED FOR CARS FOR SALE OR WARRANTY WORK ONLY, NO OFF STREET WALKS INS, NO SPRAY PAINTING OR BODY WORK.

Are you a recognized agent of a motor vehicles manufacturer? NO

If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? YES

If so, in what city CHICOPEE Did you receive a license? YES Year 1999-2014

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? NO

Sign your full name *[Signature]*  
Residence 95 RONDENO RD Palmer, Mass 01069  
Business Telephone Number \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

106

2015 RENEWAL

FEE \$36.00 pd  
12/4/14 *Autro*

CITY OF CHICOPEE  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF: 2015 RENEWAL - 01A 10:24

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *TETA'S AUTOMOTIVE, INC.*  
Business Address: *640 SPRINGFIELD STREET*  
Is an individual, co-partnership, an association or corporation: *CORPORATION*  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name: *PAUL A. TETA, PRES., & TRES. Diane L. Teta, Scty., 44 Wendover Road., LONGMEADOW, MA*  
Are you engaged principally in the business of repair work on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *Area beside & behind station at 640 Springfield Street.*

**RESTRICTIONS: GOOD HOUSEKEEPING, NO INOPERABLE VEHICLES, NO OUTSIDE STORAGE OF PARTS OR EQUIPMENT.**

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:  
Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1984-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *Diane L. Teta*  
Residence *44 Wendover Rd. Longmeadow MA 01106*  
Business Telephone Number *413 592 9546* Home Telephone Number *[REDACTED]*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

Ad \$36.00  
12/9/14 sec

107

**2015 RENEWAL**

**FEE \$36.00**



**CITY OF CHICOPEE**

2014 DEC -9 P 3:53

**APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the **CITY OF CHICOPEE**.

Name of the business? *TITO'S AUTO SALES, INC.*  
Business Address: *357 CHICOPEE STREET*  
Is an individual, co-partnership, an association or corporation: *INDIVIDUAL*  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name:

Are you engaged principally in the business of repair work on motor vehicles?

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *3 BAY GARAGE*

**RESTRICTIONS: GOOD HOUSEKEEPING, NO OUTSIDE STORAGE, NO JUNK CARS, NO OUTSIDE REPAIRS, TOTAL NUMBER OF VEHICLES: 14, HOURS OF OPERATION: MON-FRI. 8-6, SAT. 9-12, SUN. CLOSED, FIRE REGULATIONS**

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *2015*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *Jeffrey J. Dink*  
Residence *80 F. Street Chicopee MA 01013*  
Business Telephone Number *413-388-6445* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

\$ 36 pd  
Om

108

**2015 RENEWAL**  
**FEE \$36.00**  
**CITY OF CHICOPEE**



**APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? **Top Dog Auto Service**  
Business Address: **238 Meadow Street**  
Is an individual, co-partnership, an association or corporation: **individual**  
If Individual state Name: **George R. Brusio**  
If a co-partnership state name:

2014 DEC - 2 A 11: 29  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? **yes**

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: **this is a 2 bay garage with an office to be used for auto repairs on motor vehicles. The outside will be used for customer parking & parking for company vehicles.**

*RESTRICTIONS: Good Housekeeping, No outside storage, 2 vehicles inside, 12 outside, Hours of Operation Mon.-Sat. 7am - 5pm, Sunday Closed, No outside work, 7 business vehicles, 4 total unregistered vehicles 2 inside, 2 outside.*

Are you a recognized agent of a motor vehicles manufacturer? **no**  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? **yes**  
If so, in what city *Chicopee* Did you receive a license? **yes** Year **1993, 2012-2014**  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked?

Sign your full name *George R. Brusio*  
Residence *130 Chapin St*  
Business Telephone Number *413 534 5400* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

Ad \$36.00  
12/2/14 SEC

109

### 2015 RENEWAL

FEE \$36.00

### CITY OF CHICOPEE



#### APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *TRYBA AUTO SALES*  
Business Address: *832 MEADOW STREET*  
Is an individual, co-partnership, an association or corporation: *CO-PARTNERSHIP*  
If Individual state Name:  
If a co-partnership state name: *William D. Tryba, 31 Old Pendleton Ave, Chicopee, MA, EUGENE F. TRYBA, 55 BUTTERNUT DRIVE, AGAMAM, MA*  
If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *Office and three car garage, land, two lots, 100 feet on Lorraine St., and 100 feet on Meadow St., with a total of 200 feet on Meadow Street.*

**RESTRICTIONS: GOOD HOUSEKEEPING AT ALL TIMES, NO OUTSIDE STORAGE OF PARTS OR MATERIAL, ALL REPAIR WORK TO BE DONE INSIDE, NO AUTO BODY OR SPRAY PAINTING ALLOWED, HOURS MON TO SAT 8AM TO 5PM, NO SUNDAY HOURS.**

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:  
Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1993-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *William David Tryba*  
Residence *31 Old Pendleton Ave Chicopee MA 01020*  
Business Telephone Number *413 592 9682* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

# 367  
Dr P

110

# 2015 RENEWAL

FEE \$36.00

## CITY OF CHICOPEE

RENEWAL  
COPY

### APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *VITAL'S AUTO SERVICE, INC.*  
Business Address: *451 GRANBY ROAD*  
Is an individual, co-partnership, an association or corporation: *CORPORATION*  
If Individual state Name:  
If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? *YES*

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC 10 A

Give a complete description of all the premises to be used for the purpose of carrying on repair work on motor vehicles: *1 (one) story masonry block building 50' x 50' with an office and 2 bays in front of building and 3 bays in back.*

**RESTRICTIONS: NO AUTO BODY WORK, NO PAINTING, HOURS MON TO SAT 8AM TO 8PM, NO SUNDAY HOURS, NO JUNK OR SCRAP/REPAIR PARTS ALLOWED, NO INOPERABLE VEHICLES, GOOD HOUSEKEEPING, NO OUTSIDE STORAGE OF PARTS.**

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1983-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *Vital M. Fonseca*  
Residence *21 Lincoln St. Chicopee, MA*  
Business Telephone Number *594-5178* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

#36  
DM

111

### 2015 RENEWAL

FEE \$36.00

## CITY OF CHICOPEE



#### APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC -11 10:44

Name of the business? *WALT'S AUTO REPAIR*  
Business Address: *881 MEADOW STREET*  
Is an individual, co-partnership, an association or corporation: *INDIVIDUAL*  
If Individual state Name: *WALTER A. DUDEK, 881 MEADOW STREET, CHICOPEE, MA*  
If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of repair work on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: *One garage, two (2) stalls 24' x 30', parking area 30' x 30'.*

**RESTRICTIONS: GOOD HOUSEKEEPING, NO INOPERABLE VEHICLES, NO OUTSIDE STORAGE OF PARTS OR EQUIPMENT.**

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1988-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *Walter A. Dudek*  
Residence *881 Meadow St Chicopee, MA 01013*  
Business Telephone Number *592-3365* Home Telephone Number \_\_\_\_\_

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

112

2015 RENEWAL

FEE \$72.00 pd  
atrs 12/3/14

RENEWAL

CITY OF CHICOPEE

COPY

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC 3 11:47 AM

APPLICATION FOR A LICENSE FOR AN AUTO REPAIR SHOP TO DO REPAIR WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO BODY/REPAIR LICENSE to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Chicopee Auto Farm, Inc.  
Business Address: 980 East Main Street  
Is an individual, co-partnership, an association or corporation: Corporation  
If Individual state Name:  
If a co-partnership state name:

If an association or corporation state name: Chicopee Auto Farm, inc.  
Are you engaged principally in the business of repair work on motor vehicles?

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: 10.1 acres of land with a four bay garage with a fence across the front

RESTRICTIONS: Good housekeeping, No outside storage, no junk cars, No outside repairs, Total number of vehicles 50, inside 15, outside 35, employee 4, customer 10, Hours of Operation: Mon.-Fri. 8-6pm, Sat. 8-3pm, Sun. none, 1 handicap spot against building, 20 cars for sale, any additional construction, paving, brush cleaning needs Engineering approval. Fire Department Regulations, No parking against building when closed. No painting in or outside property.

Are you a recognized agent of a motor vehicles manufacturer? no  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? yes  
If so, in what city Chicopee Did you receive a license? yes Year 2015-  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked?

Sign your full name [Signature]  
Residence 290 W. Braham Rd Monson MA 01057.  
Business Telephone Number 413-594-9376.

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

RD  
Zico  
12/16/14  
FEE \$36.00

2015 RENEWAL



CITY OF CHICOPEE

APPLICATION FOR A LICENSE FOR AN AUTO BODY/REPAIR SHOP TO DO REPAIR AND BODY WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO BODY/REPAIR LICENSE* to do repair work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Curry Automotive, L.L.C. d/b/a Curry Honda

Business Address: 767 Memorial Drive

Is an individual, co-partnership, an association or corporation: LLC

If Individual state Name:

If a co-partnership state name:

If an association or corporation state name:

Are you engaged principally in the business of repair work on motor vehicles? No

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: 767 Memorial Drive, Chicopee, MA 01020

*RESTRICTIONS: Hours of operation Mon-Thur 8:30am-9pm, Sat 8:30am-6pm, Sunday 12noon to 5pm, Good Housekeeping, no outside storage, no junk or inoperable vehicles at any time, max number of unregistered vehicles on lot at any time 400, adhere to approved plot plan, must comply with Chicopee Fire Department regulations and conditions.*

Are you a recognized agent of a motor vehicles manufacturer? yes

If so state name of manufacturer: Honda

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? yes

If so, in what city Chicopee Did you receive a license? yes Year 1999-2014

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? No

Sign your full name [Signature]  
Residence 138 Mountain Edge Dr Shelton MA 01489  
Business Telephone Number 413-543-6711 Home Telephone Number [Signature]

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

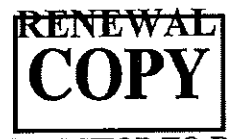
12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

114

2015 RENEWAL

FEE \$72.00 pd  
12/16/14

CITY OF CHICOPEE  
CITY OF CHICOPEE



APPLICATION FOR A LICENSE FOR AUTO BODY REPAIR/AUTO BODY SHOP TO DO BODY WORK ON MOTOR VEHICLES OR PARTS THEREOF

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a *AUTO BODY/AUTO REPAIR LICENSE* to repair and to do body work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *ERNIE'S AUTOMOTIVE*  
Business Address: *18 OLD JAMES STREET*  
Is an individual, co partnership, an association or corporation: *INDIVIDUAL*  
If Individual state Name: *ERNEST HAYWARD,*  
*370 Westerly Circle, Ludlow, MA*

If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of repair & bodywork on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all repair and do body work on motor vehicles: *40-50 building.*

*RESTRICTIONS: GOOD HOUSEKEEPING, PROPER PERMIT FOR OIL DISPOSAL, NO OUTSIDE STORAGE OF PARTS OR VEHICLES.*

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:

Have you ever applied for a license to do repair and auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE* Did you receive a license? *YES* Year *1984-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *Ernest S Hayward*  
Residence *370 Westerly Cir Ludlow MASS 01056*  
Business Telephone Number *413 532 6632* Home Telephone Number *[REDACTED]*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

pd  
72-00  
PB

115

**2015 RENEWAL**

**FEE \$72.00**



**CITY OF CHICOPEE**

**APPLICATION FOR A LICENSE FOR AUTO BODY REPAIR/AUTO BODY SHOP TO DO BODY WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for a *AUTO BODY/AUTO REPAIR LICENSE* to repair and to do body work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? *TONY'S AUTO SERVICE*  
Business Address: *164-170 SOUTH STREET*  
Is an individual, co-partnership, an association or corporation: *INDIVIDUAL*  
If Individual state Name: *ANTONIO MEDES FRANCISCO*  
If a co-partnership state name:  
If an association or corporation state name:  
Are you engaged principally in the business of repair & bodywork on motor vehicles? *YES*

Give a complete description of all the premises to be used for the purpose of carrying on all repair and do body work on motor vehicles: *1745 building with 2<sup>nd</sup> floor for storage, 32 feet to street, 57 feet deep, plan attached.*

**RESTRICTIONS: GOOD HOUSEKEEPING, NO STORAGE OF INOPERABLE VEHICLES, NO OUTSIDE STORAGE OF PARTS OR EQUIPMENT, HOURS MON TO FRI 8AM TO 5PM, SAT 8AM TO 12NOON, SUNDAY NO HOURS, NO WORK.**

Are you a recognized agent of a motor vehicles manufacturer? *NO*  
If so state name of manufacturer:  
Have you ever applied for a license to do repair and auto bodywork on motor vehicles? *YES*  
If so, in what city *CHICOPEE*. Did you receive a license? *YES* Year *1988-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *NO*

Sign your full name *Antonio M. Roman*  
Residence *164 South St - Chicopee Mass 01013*  
Business Telephone Number *413 592 4454* Home Telephone Number *XXXXXXXXXX*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

Ad \$36.00  
12/10/14 SLC  
FEE \$36.00

2015 RENEWAL

116

RENEWAL

CITY OF CHICOPEE

**COPY**

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC 10 P 1:30

APPLICATION FOR A LICENSE FOR AN AUTO DETAIL SHOP TO DO DETAIL WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO DETAIL LICENSE* to do detail work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Center Auto Repair, LLC  
Business Address: 184 Center Street  
Is an individual, co-partnership, an association or corporation: LLC  
If Individual state Name:  
If a co-partnership state name:

If an association or corporation state name: Center Auto Repair, LLC  
Are you engaged principally in the business of detail work on motor vehicles? Yes

Give a complete description of all the premises to be used for the purpose of carrying on all repair and do body work on motor vehicles:  
2 bay Garage

Are you a recognized agent of a motor vehicles manufacturer? no  
If so state name of manufacturer:

Have you ever applied for a license to do repair and auto bodywork on motor vehicles? yes  
If so, in what city Chicopee Did you receive a license? yes Year 2012-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? no

Sign your full name: Y. M. Roy  
Residence: 845 Boston rd. Spfld, MA 01013  
Business Telephone Number: 413-594-1111

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

117

2015 RENEWAL

FEE \$36.00 pd



Attn  
12/3/14

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

CITY OF CHICOPEE

APPLICATION FOR A LICENSE FOR AN AUTO DETAIL SHOP TO DO DETAIL WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO DETAIL LICENSE to do detail work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Chicopee Auto Farm, Inc.  
Business Address: 980 East Main Street  
Is an individual, co-partnership, an association or corporation: Corporation  
If Individual state Name:  
If a co-partnership state name:

If an association or corporation state name: Chicopee Auto Farm, inc.  
Are you engaged principally in the business of repair work on motor vehicles?

Give a complete description of all the premises to be used for the purpose of carrying on all repair work on motor vehicles: 10.1 acres of land with a four bay garage with a fence across the front

RESTRICTIONS: Good housekeeping, No outside storage, no junk cars, No outside repairs, Total number of vehicles 50, inside 15, outside 35, employee 4, customer 10, Hours of Operation: Mon.-Fri. 8-6pm, Sat. 8-3pm, Sun. none, 1 handicap spot against building, 20 cars for sale, any additional construction, paving, brush cleaning needs Engineering approval. Fire Department Regulations, No parking against building when closed. No painting in or outside property.

Are you a recognized agent of a motor vehicles manufacturer? no  
If so state name of manufacturer:

Have you ever applied for a license to do repair or auto bodywork on motor vehicles? yes  
If so, in what city Chicopee Did you receive a license? yes Year 2015-  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked?

Sign your full name [Signature]  
Residence 290 Wilbraham St Monson MA 01057  
Business Telephone Number 413-894-9376

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

*P. Kelly*

118

FEE \$36.00

2015 RENEWAL

RENEWAL

CITY OF CHICOPEE

**COPY**

APPLICATION FOR A LICENSE FOR AN AUTO DETAIL SHOP TO DO DETAIL WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO DETAIL LICENSE* to detail work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Kanar Auto Sales, LLC  
Business Address: 245 East Street

Is an individual, co-partnership, an association or corporation: Corporation

If Individual state Name:

If a co-partnership state name:

If an association or corporation state name: Kanar Auto Sales, LLC

Are you engaged principally in the business of auto detail on motor vehicles? no

Give a complete description of all the premises to be used for the purpose of carrying on auto detail work on motor vehicles: detailing cars before retailing

Are you a recognized agent of a motor vehicles manufacturer? no

If so state name of manufacturer:

Have you ever applied for a license to do detail work on motor vehicles? yes

If so, in what city Chicopee Did you receive a license? yes Year 2015-2015

Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? no

Sign your full name *Mohammed Alsultanji*  
Residence *270 City View Ave., West Springfield, MA 01089*  
Business Telephone Number *413 386 0833*

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS

DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

#36 del  
Dm

119

FEE \$36.00

2015 RENEWAL

RENEWAL

CITY OF CHICOPEE

COPY

APPLICATION FOR A LICENSE FOR AN AUTO DETAIL SHOP TO DO DETAIL WORK ON MOTOR VEHICLES OR PARTS THEREOF:

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an AUTO DETAIL LICENSE to detail work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? Metro Auto Sales & Service, Inc.  
Business Address: 650C Memorial Drive  
Is an individual, co-partnership, an association or corporation: Corporation  
If Individual state Name:  
If a co-partnership state name:

If an association or corporation state name: Metro Auto Sales & Service, Inc.  
Are you engaged principally in the business of auto detail on motor vehicles? no

Give a complete description of all the premises to be used for the purpose of carrying on auto detail work on motor vehicles: detail shop is located within our service department at 650 C Memorial Drive

Are you a recognized agent of a motor vehicles manufacturer? yes  
If so state name of manufacturer: Chrysler Jeep Dodge Ram

Have you ever applied for a license to do detail work on motor vehicles? yes  
If so, in what city Chicopee Did you receive a license? yes Year 2012-2014  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? no

Sign your full name Michael A. Ferreira  
Residence 44 Berferg Drive W. Chicopee MA 01089  
Business Telephone Number 413 314-3018

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.

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

2014 DEC - 1 P 2:50  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

\$ 36 pd  
DM

120

**FEE \$36.00**

**2015 RENEWAL  
CITY OF CHICOPEE**

RENEWAL

**COPY**

**APPLICATION FOR A LICENSE FOR AUTO DETAIL SHOP TO DO DETAIL WORK ON MOTOR VEHICLES OR PARTS THEREOF:**

I, the undersigned, duly authorized by the concern herein mentioned, hereby apply for an *AUTO DETAIL LICENSE* to detail work on motor vehicles or parts thereof, in accordance with the provisions of Chapter 188, Section 16 of the revised ordinances of the CITY OF CHICOPEE.

Name of the business? **Mr. Clean Auto Detailing**  
Business Address: **1057 Montgomery Street**  
Is an individual, co-partnership, an association or corporation: **individual**  
If Individual state Name: **Evelyn Roman**  
If a co-partnership state name:

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
2014 DEC 10 A 10:46

If an association or corporation state name:  
Are you engaged principally in the business of detail work on motor vehicles? **yes**

Give a complete description of all the premises to be used for the purpose of carrying on all repair and do body work on motor vehicles:  
**3 Garages**

Are you a recognized agent of a motor vehicles manufacturer? **no**  
If so state name of manufacturer:

Have you ever applied for a license to do repair and auto bodywork on motor vehicles? **yes**  
If so, in what city: *Springfield* Did you receive a license? *yes* Year *2012-2014*  
Has any license issued to you in Massachusetts or any other state to do repair and auto body work on motor vehicles ever been suspended or revoked? *no*

Sign your full name *Evelyn Roman*  
Residence *71 Blunt Rd. Springfield MA 01109*  
Business Telephone Number *413-219-6435*

**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.**

APPLICANT WILL NOT FILL THE FOLLOWING BLANKS  
DATE OF APPROVAL/DENIAL \_\_\_\_\_  
LICENSE \_\_\_\_\_ FEE \_\_\_\_\_ SIGNED \_\_\_\_\_

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

Fee \$30.00  
NON-REFUNDABLE

121

CHICOPEE, MASSACHUSETTS

**COPY**

Date:

To the Honorable City Council of the City of Chicopee:

The undersigned respectfully petitions that he be granted a license to drive a Taxicab in the City of Chicopee.

Name: WILLIAM G. MONTANA

Address: 14 DORCHESTER ST, SPRINGFIELD, MA 01109

Phone: [REDACTED] Alternate Phone: [REDACTED]

Age: [REDACTED] Height: 5'7" Weight: 150 lbs

Color of Hair: BROWN Color of Eyes: BLUE

Mass. Operator's License Number: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: [REDACTED]

By what Cab Company are you Employed: YELLOW CAB OF SPFLD

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
NOV 26 P 12:01

William G. Montana  
Signature of Applicant  
WILLIAM G. MONTANA  
Print Name

Date Granted: \_\_\_\_\_  
Taxi License Number: \_\_\_\_\_

Both Photo's provided (Required two)

Yes  No

Approved by Police Department

Yes  No

Mass. Operator's License for viewing

Yes  No

William G. Montana  
Signature of Approval by  
Police Chief or Police Dept. Designate

Form T.C.O.L.1

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.



New or Renewal

# CITY OF CHICOPEE

MASSACHUSETTS

122

CITY CLERK'S OFFICE  
CITY OF CHICOPEE  
**COPY**  
2014 DEC 10 P 2:13

ALL FEES ARE NON-REFUNDABLE

Date of Petition: 10/12/14

TO THE CITY COUNCIL:

The undersigned respectfully petition your honorable body for *renewal of 10 taxi cabs*  
Applied for by: *Yellow Cab*  
*622 Cottage St*  
*Sprfld MA 01109*

TA 18557	TA 15482
TA 14854	TA 15481
TA 18586	TA 18551
TA 18559	TA 18589
TA 15479	TA 18572

Phone Numbers:  
Business: 788-4811  
Home: .....

Name and address of Petitioner:  
*FARAHARZ BAHREHMAN*  
*58 Timber Dr.*  
*East Longmeadow MA 0102*

Signed: *[Signature]*

Date of Meeting: 12/16/2014 On the motion of Councilor Roy (Ward 9)

12/16/2014: Motion made by Councilor Roy (Ward 9) to receive and granted with existing restrictions. Motion passed.

- Affidavit
- Tax Verification Form
- Workmen's Compensation Certificate

Amount Paid: \$ 500-  
Clerks Initial: DM