

NOTES

RECEIPT

DATE
6/9/25
NO.
984505

RECEIVED FROM
McGovern

ADDRESS
29 Mastic Ave
Medford

FOR
Class IV license

AMT. OF ACCOUNT

AMT. PAID

BALANCE DUE

ACCOUNT

125

HOW PAID

CASH

CHECK

MONEY ORDER

PAID BY CHECK

JUN - 9 2025

BY SUBJECT TO COLLECTION

CITY OF MEDFORD

RECFORM 81802

PAGE 1C

	NET AMOUNT
100	-125.00
100	125.00

NOTES

RECEIPT

DATE
6/9/25
NO.
984504

RECEIVED FROM
McGovern

ADDRESS
29 Mastic Ave
Medford

FOR
Class II license

AMT. OF ACCOUNT

AMT. PAID

BALANCE DUE

ACCOUNT

125

HOW PAID

CASH

CHECK

MONEY ORDER

PAID BY CHECK

JUN - 9 2025

BY SUBJECT TO COLLECTION


CITY OF MEDFORD

RECFORM 81802

				TOTAL	20200
					125.00

DETACH AT PERFORATION BEFORE DEPOSITING CHECK

REMITTANCE ADVICE



McGOVERN
AUTOMOTIVE GROUP



City of Medford
MASSACHUSETTS

Medford, MA June 4th 20 25

PETITION

To the Honorable, the City Council

Councillors:

The undersigned respectfully pray that your Honorable Council
Grant a license for permission to operate an automotive repair shop
under that Medford City ordinance, Chapter 13, Article 5, Sections 26 - 30.

Petitioner Signature

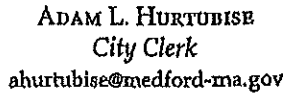
(Print Name) Matt McGovern

MAILING ADDRESS PLEASE USE:

Home Address 65 Commercial Wharf Boston MA 02110

Home Phone NA

Business Phone



MEDFORD Chief of Police

BUSINESS CERTIFICATE NO.

New ☒ Renewal ☐

Fee: \$30.00

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

101

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare (s) that a business under the title of:

MAG Retail Holdings - CJDRM, LLC dba McGovern CJDR of Medford

29 Mystic Avenue, Medford MA 02155

(ADDRESS, Physical Location of Business, No Post Office Boxes or Rental Box Suites)

FULL NAME

RESIDENCE

Matthew McGovern

65 Commercial Wharf Boston MA 02110

E-Mail Address [REDACTED]

Phone Number [REDACTED]

Signed

[Signature]

THE COMMONWEALTH OF MASSACHUSETTS

Middlesex

County

April 22nd

2025

Personally, appeared before me the above-named

Matthew McGovern

and made oath that the foregoing statement is true.

(seal)

Georgia Mulone

Notary Public

(TITLE)

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 337 OF THE ACTS OF 1985 and CHAPTER 110, SECTION 5 OF MASS. GENERAL LAWS, BUSINESS CERTIFICATES SHALL BE IN EFFECT FOR FOUR YEARS FROM THE DATE OF ISSUE AND SHALL BE RENEWED EACH FOUR YEARS THEREAFTER. A STATEMENT UNDER OATH MUST BE FILED WITH THE CITY CLERK UPON DISCONTINUING RETIRING OR WITHDRAWING FROM SUCH BUSINESS OR PARTNERSHIP.

CERTIFICATE EXPIRES:

4/23/2029

(over)



GEORGIA MULONE
Notary Public, Commonwealth of Massachusetts
My Commission Expires March 5, 2032

Notice

I/We understand that filing a Business Certificate is NOT a license from the City Clerk, City of Medford, nor any of its agents or employees to operate a business.

I, We understand that the filing of this Business Certificate DOES NOT necessarily mean that the business is in compliance with the Zoning Laws of the City of Medford (Chapter 94)

I, We understand that a copy of the Business Certificate will be sent to the City of Medford Building and Assessors Department.

I/We understand that this filing is made pursuant to Chapter 110 of the Massachusetts General Laws and is valid for a period of 4 years from the date of acceptance for filing.

I/We understand that copies of such certificate shall be made available at the address such business is physically conducted and furnished upon request during regular business hours to any person who has purchased goods or service from such business.

I/We understand that violations are subject to a fine of not more than three hundred dollars (\$300.00) for each month during which violation occurs.

Signed: _____

Title: _____

City Clerk's Office

85 George P. Hassett Drive, Room 103

Medford, MA. 02155

781-393-2425



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L0419795040
Notice Date: June 2, 2025
Case ID: 0-002-880-878



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



MAG RETAIL HOLDINGS - CJDRM, LLC
29 MYSTIC AVE
MEDFORD MA 02155-4620

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, MAG RETAIL HOLDINGS - CJDRM, LLC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400, Monday through Friday, 9:00 a.m. to 4:00 p.m.

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau



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

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: MAG RETAIL HOLDINGS - CJDRM, LLC

Address: 29 Mystic Ave

City/State/Zip: Medford MA 02155 Phone #: 978-699-3939

Are you an employer? Check the appropriate box:

1. ☒ I am a employer with 38 employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☒ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: The Travelers Indemnity Company

Insurer's Address: Travelers CL Remittance Center - PO BOX 660317

City/State/Zip: Dallas, TX 75266-0317

Policy # or Self-ins. Lic. # UB-B3758745 Expiration Date: 06/01/2026

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

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 06/04/2025

Phone #: [Redacted]

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

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. ☐ Board of Health
2. ☐ Building Department
3. ☐ City/Town Clerk
4. ☐ Licensing Board
5. ☐ Selectmen's Office
6. ☐ Other _____

Contact Person: _____ Phone #: _____



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

Date 06/04/2025

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

President - MAG Retail Holdings - CJDRM, LLC

*Signature of responsible Individual / Corporate Officer

Matt McGovern - MAG Retail Holdings - CJDRM, LLC

Print Name

65 Commercial Wharf Boston MA 02110

Home Address

[Redacted]

** Social Security # or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number and / or FID Number will be forwarded to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G. L. c. 62C s. 49A.



ADAM L. HURTUBISE
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ahurtubise@medford-ma.gov

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DATE 06/04/2025

TO: **THE BUILDING COMMISSIONER**

A PETITION HAS BEEN FILED BY MAG RETAIL HOLDINGS - CJDRM, LLC
dba McGovern Chrysler Jeep Dodge Ram of Boston

FOR Class I Dealer License

(TYPE OF LICENSE)

TO BE LOCATED AT 29 Mystic Ave Medford, MA 02155

TELEPHONE NO [REDACTED]

REPORT OF THE BUILDING COMMISSIONER

DOES THIS PROPERTY CONFORM TO ZONING REGULATIONS?

YES

BUILDING COMMISSIONER



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

DATE 6/6/25

TO: MEDFORD FIRE CHIEF

A PETITION HAS BEEN FILED BY (redacted) (new)
AT 29 mystic Ave. mcGovern
FOR Class I/II Auto
(TYPE OF LICENSE)
TELEPHONE NO. (redacted)

REPORT OF THE FIRE CHIEF

DOES THIS PROPERTY CONFORM TO FIRE DEPARTMENT REGULATIONS?

No obvious violations observed

Todd Sears
MEDFORD FIRE CHIEF

6-9-2025

D/C Shea



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford

OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
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TDD: (781) 393-2516

CITY OF MEDFORD MASSACHUSETTS

OFFICE OF THE CITY CLERK

DATE 06/04/2025

TO: TREASURER/COLLECTOR

AN APPLICATION FOR A Class I Dealer License LICENSE, HAS BEEN

RECEIVED, TO BE LOCATED AT 29 Mystic Ave Medford, MA 02155

PREVIOUS LICENSE HOLDER

PRESENT APPLICANT BUSINESS NAME

TELEPHONE NO. [REDACTED]

PLEASE INDICATE ON THIS FORM, IF THERE ARE ANY OUTSTANDING
TAXES DUE ON THE PROPERTY.

YES IF YES, LIST AMOUNT.

NO ✓

Quintin M. Gohmert
TREASURER/COLLECTOR