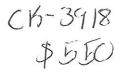


### CITY OF SOMERVILLE **BOARD OF ALDERMEN**

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600



#### **APPLICATION TO RENEW GARAGE LICENSE**

License #:

740

City #G211

**GIORGIO PETRUZZIELLO** MYSTIC AUTO SALES AND SERVICE

712 MYSTIC AVE

SOMERVILLE, MA 02145

Fee:

550.00

Account ID:

623

Reference #:

740

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet			
Business/DBA Name: For AUTO EXPRESS Business Location: 712 MYSTIC AVE Business Phone: 617-666-2830				
License Holder: GIORGIO PETRUZZIELLO MYSTIC AUTO SALES AND SERVICE 712 MYSTIC AVE SOMERVILLE, MA 02145 617-666-2830	20 C1			
Mailing Address: GIORGIO PETRUZZIELLO 712 MYSTIC AVE SOMERVILLE, MA 02145	SOMERY CLER			
Business Type: SOLE PROPRIETORSHIP OWNER - GIORGIO PETRUZZIELLO	K'S OFFICE MA			
FID: 999999999	m 2			
Food Manager/Emergency Contact: GIORGIO PETRUZZIELLO 617-312-3816				

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: MO-FR 8AM-6PM, SA 9AM-2PM

**OPEN TO THE PUBLIC** 

**MECHANICAL REPAIRS** 

7 VEHICLES OUTSIDE

**VEHICLES** 

**VEHICLES INSIDE** 

Description of Location and/or Other Conditions:

Originally Issued 3/12/1998. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

-All information shown above is true and accurate.						
-Any changes above are subject to the approval of the BOARD OF ALDERMEN						
-I have filed all State tax returns and paid all State taxes required by law for this business.						
Signature:						
Print Name: GORGO PET RM271 ELLO Phone 6176662830						

# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:	MYSTIC	AUTO "	SALES TS	SERVICE
Name:	112 MY	STIC	SALES TO	E
Address: City: SOME	ENU LEState:	MA	Zip: 07145 Phone #	:617 666283
☐ I am an employer with (full and/or part time). ☐ I am a sole proprietor of employees. ☐ We are a corporation the exemption per c152 s1 ☐ We are a nonprofit org volunteers and have no	or partnership and have no nat has exercised our righ (4), and have no employe anization staffed by	t of	Retail Restaurant/Bar/Eatin Office and/or Sales ( Nonprofit Entertainment Manufacturing Health Care Other	g Establishment real estate, auto, etc.)
Workers' compensation	insurance information (			
Insurance Company Name	A.IM.	MUTU	IAL INS.	. 60
Address: 5L	THIND			
City: BURL	MCO / State:	MA	Zip: 0(803 Phone #	R12U1600
Policy #: AW C	70131531	2-013	Expirati	on Date: 6 27-13
Applicant certification:				
to \$1,500.00 and/or one y	ears' imprisonment as we	ell as civil penalties	in the form of a STOP W	oriminal penalties of a fine up ORK ORDER and a fine of of Investigations of the DIA
I do hereby certify under the	ne pains and penatties of	perjury that the info	rmation provided above is	true and correct.
Signature:	(IIVV)	VV	Date:	3-13-13
Print Name:	260 PZ1	PU-22	IELLO	
Of	ficial use only. Do not write	in this area. To be co	ompleted by city or town offic	cial.
City or Town:	Permit/License	#: <u> </u>		Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
(E)	Phone			Other
THE RESERVE OF THE PARTY OF THE		STREET, Selfs to Street De Land		

(revised Jan. 2008)



## City of Somerville, Massachusetts Finance Department, Treasury Division

### CERTIFICATE OF GOOD STANDING

		177	FYPREC	55	
Exact name of taxpayer/ap	plicant's business: 4)	OFF	710 111	116	_
Address of taxpayer/applic	ant's business in Some	rville: .	I'L MYST	C AVE	<del>:</del> _
Address of taxpayer/applic					
Taxpayer/applicant's phone	e: day: 617 666 20	830	evening: 617 3	12 3816	
I, (print name) Crop (c) hereby certify that all the idue the City have been paid and fees and is current on s	nformation contained lid or that the Taxpayer aid agreement.	nerein i has er	is true and correct and attered into an agreemen	all taxes and fee nt to pay all taxe	es es
SIGNED UNDER THE.P	AINS AND PENALT	IES O	F PERJURY this	day o	f
10	, 20 <u>13</u>	17-00-00-00	(July)	1	_
8			Taxpaver's signatu	ıre)	
	CITY'S ACKNOV	VLED	GEMENT		
DATE OF ISSUANCE: _	INCLUD	ES RELI	EVANT POSTINGS THROUGH	I:	_
TAXES AND ACCOUNT	NUMBER(S) INCLU	JDED	IN CERTIFICATE:	*	
☐ Real Estate	□Water/Sewer	□ P	ersonal Property	Other:	_
# 10714	# 97820100	)	930	#	-
NOTES:					CEIVED
CLERK'S INITIALS: _	Ch	ORI	GINAL STAMP:	a	226-1