

CK-3918
\$550



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

**GIORGIO PETRUZZIELLO
MYSTIC AUTO SALES AND SERVICE
712 MYSTIC AVE
SOMERVILLE, MA 02145**

License #: 740
City #G211
Fee: 550.00
Account ID: 623
Reference #: 740

6991

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	
Mailing Address: GIORGIO PETRUZZIELLO 712 MYSTIC AVE SOMERVILLE, MA 02145	
Business Type: SOLE PROPRIETORSHIP OWNER - GIORGIO PETRUZZIELLO	
FID: 999999999	
Food Manager/Emergency Contact: GIORGIO PETRUZZIELLO 617-312-3816	

2013 MAR 26 P 3:27
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

- 1 MECHANICAL REPAIRS
- 10 VEHICLES
- 3 VEHICLES INSIDE
- 7 VEHICLES OUTSIDE

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.

I hereby certify under the penalties of perjury that the following is true:

- 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: _____ Date 3-19-13
Print Name: GIORGIO PETRUZZIELLO Phone 617 666 2830

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 + SERVICE

Name: 712 MYSTIC AVENUE

Address: _____

City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 666 2830

- I am an employer with 2 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: A.M. MUTUAL INS. CO

Address: 54 THIRD AVE

City: BURLINGTON State: MA Zip: 01803 Phone #: 812 216 00

Policy #: AWC 70131530-013 Expiration Date: 6-27-13

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature:  Date: 3-18-13

Print Name: GIORGIO PETRUZZIELLO

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

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____

(revised Jan. 2008)



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: AUTO EXPRESS

Address of taxpayer/applicant's business in Somerville: 712 MYSTIC AVE

Address of taxpayer/applicant's home in Somerville: /

Taxpayer/applicant's phone: day: 617 666 2830 evening: 617 312 3816

I, (print name) GIORGIO PETRUZZIELLO, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 03 day of 19, 2013.
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

10714 # 24800400 | # 930 # _____

NOTES:

CLERK'S INITIALS: Ch

ORIGINAL STAMP:

