

2- Inside
8- Outside

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

2010 DEC 28 P 12:31

Application Fee \$500.00

Date 2/10/10

FOR CITY-CLERK'S OFFICE ONLY
Date Recorded CITY CLERK'S OFFICE
Amount Paid \$500. SOMERVILLE, MA

☐ New Application
☐ Renewing Application with Additions or Changes
☒ Renewing Application with NO Additions or Changes

Check one: ☐ Class 1 ☒ Class 2 ☐ Class 3

Business Name: BENNY'S AUTO SALES Phone: 617 776 6900

Business DBA Name (if applicable): _____

Address with Zip Code: 508 SOMERVILLE AVE SOMERVILLE MA 02143

Tax Identification Number: 26-0814356

Mailing Name (where we should send correspondence to): BENJAMIN ROSSETTI

Address with Zip Code: 26C POMERWORTH ST STONEHAM MA 02180

Property Owner Name: BENJAMIN ROSSETTI Phone: 781 4351259

Address with Zip Code: 26C POMERWORTH ST STONEHAM MA 02180

Emergency Contact 1: LUCIANO ROSSETTI Phone: 617 776 6900

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): ☐ Sole Proprietorship ☐ Partnership ☐ LLC
☐ Corporation ☒ Other INDIVIDUAL

IF A SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, LLC OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

Y ☒ N ☐

Is your principal business the sale of new motor vehicles?

Y ☐ N ☒

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?

Y ☐ N ☒

If yes, provide the name of the manufacturer(s): _____

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

Y ☒ N ☐

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?

Y ☒ N ☐

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼?

Y ☒ N ☐

If yes, provide the name of the repair facility: INTERNATIONAL AUTO REPAIR

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

Y ☐ N ☒

Have you ever obtained a license to deal in second hand motor vehicles or parts?

Y ☐ N ☒

If yes, list year, city and state _____

Have you ever been denied a license to deal in second hand motor vehicles or parts?

Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended?

Y ☐ N ☒

If yes, list year, city and state _____

Describe all of the premises to be used in the business: _____

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: _____ Date 2/10/10

Business Name: BENNY'S AUTO SALES

Business Address: 508 SOMERVILLE AVE - SOMERVILLE MA 02143

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

_____ The use is permitted as of right

_____ The use requires a special permit

_____ The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: _____ inside
_____ outside

Signature: [Signature]

Date: _____

Print Name: Benjamin J. Rossetti

Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature: _____ Name and Title: _____

MASSACHUSETTS USED CAR DEALER'S BOND

KNOW ALL MEN BY THESE PRESENTS, that we,

Benny's Auto Sales Incof 508 Somerville AveSomerville, MA 02143

as Principal, and

NGM Insurance Company55 West StreetKeene, NH 03431-7000

authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto

City of SomervilleCity Hall93 Highland AveSomerville, MA 02143

as Obligee, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of

Twenty Five Thousand and 00/100(\$ 25,000.00), for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assignees, jointly and severally, firmly by these presents.

Whereas the said Principal is a Dealer having an established place of business at

508 Somerville AveSomerville, MA 02143

in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

Now, therefore, the condition of this obligation is such that if the said Principal shall faithfully observe the provisions of Chapter 140, Section 58, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

The Foregoing Agreement is Subject to the Following Conditions and Limitations:

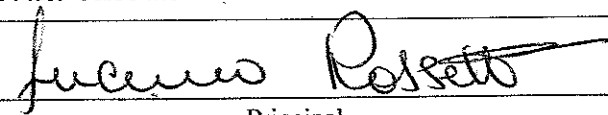
- Section 1. Recovery Against this bond may be made by any natural person who obtains a final judgment in court against the dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one year after the event giving rise to the cause of action.
- Section 2. Notice of any suit under this bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to be prima facie evidence of compliance with this requirement of notice).
- Section 3. The Surety may cancel said bond by giving thirty (30) days notice in writing by U.S. First Class mail to the Obligee and this bond shall be deemed cancelled.

Effective this 30th day of November, 2010.

Witness

Benny's Auto Sales Inc

(Seal)

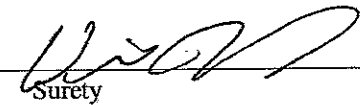
By 

Principal

Witness

NGM Insurance Company

(Seal)

By 

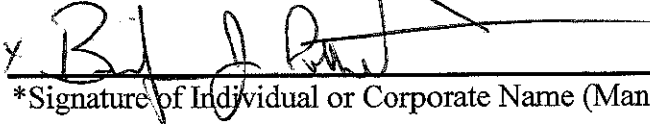
Surety

Attorney-in-Fact

William J Garrity

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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.

x  _____

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

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

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BENJAMIN J ROSSETTI

Address of taxpayer/applicant's business in Somerville: 508 SOMERVILLE AVE

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

Taxpayer/applicant's phone: day: 617 776 6900 evening: 781 435 1259

I, (print name) Ben Rossetti, 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 10 day of

Feb, 2010. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

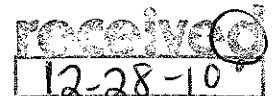
☒ Real Estate ☒ Water/Sewer ☒ Personal Property ☐ Other: _____

18588009 # 242078001 # 30056473 # _____

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP:



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: BENJAMIN ROSSETTI

Address: 508 SOMEKILLE AVE

City: SOMEKILLE State: MA Zip: 02143 Phone #: 617 776 6900

- | | |
|--|--|
| ☐ I am an employer with _____ 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 <u>USED CAR SALES</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: THE MAIN STREET AMERICA GROUP

Address: 4601 TOUCHTON RD EAST SUITE 3400 JACKSONVILLE FL 32246-4486

City: JACKSONVILLE State: FL Zip: 32246 Phone #: 800 207 0446

Policy #: CACP 1424 V Expiration Date: 5/5/10

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: [Signature] Date: 2/10/10

Print Name: _____

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

City or Town: _____	Permit/License #: _____	☐ Board of Health
		☐ Building Department
		☐ City/Town Clerk
		☐ Licensing Board
		☐ Selectmen's Office
		☐ Other _____

Contact Person: _____ Phone #: _____