2- Instale 8-Outside

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION 2010 DEC 28 P 12: 31

Application Fee \$500.00	FOR CITY-CLERK'S OFFICE ONLY
Date 2 10 10	Date Recorded CITY CLERK'S OFFICE Amount Paid Soo. SOMERVILLE, MA
New Application Che	ck one:Class 1Class 2Class 3
Renewing Application with Additions or Char	ages
Renewing Application with NO Additions or 0	
Business Name: BENHY'S Auto S	ALES Phone: 617 776 6900
Business DBA Name (if applicable):	
	VILLE AVE SOMERVILLE MH OZI43
Tax Identification Number: 26 - 081 43	
Mailing Name (where we should send correspond	
Address with Zip Code: 26 C POMEW	ORTH ST STONEHAM MA 02180
Property Owner Name: BENJAMIN ROSSE	771 Phone: 781 4351259
Address with Zip Code: 26C POMEWOR	TH ST STOMEHAM MA 02180
	•
Emergency Contact 1: LUCIANO ROSS	E771 Phone: 617 776 6 900
Emergency Contact 2:	Phone:
Type of Business (Check one): Sole Pro	prietorshin Partnershin LLC
 .	tion Other INDIVIDUAL
IF A SOLE PROPRIETORSHIP:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, LLC OR CORPORATIO	N (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 <u>⊁</u>
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?	
If yes, provide the name of the manufacturer(s):	
Is your principal business the buying and selling of second hand motor vehicles?	Y ½ _N
If yes, have you obtained a \$25,000 bond pursuant to Y \(\sum N \) MGL c. 140 \(\\$ 58, \) for this business, at this location?	
If yes, do you have access to a repair facility to comply with Y \(\subseteq N \) the warranty obligations imposed by MGL c. 90 \(\} 7N\sqrt{4}?	
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 <u>⊁</u>
Have you ever obtained a license to deal in second hand motor vehicles or parts?	Y_N <u>×</u>
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 <u>X</u>
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 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them	, Saturday, 8 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: BE NNY'S Auto Sales	5
Business Address: 508 SOMEKUILLE MELS -	SOMERVILLE MA 02/43
FOR NEW APPLICANTS:	
INSPECTIONAL SERVICES DEPARTMENT RE	COMMENDATION:
The building located at the premises mentioned above	is in aZone.
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
Signature: Bul A	outside Date:
Print Name: Beriania J. Rosset	Title:
.	
POLICE DEPARTMENT RECOMMENDATION:	•
The Chief of Police recommends that the application b	pe
Approved	
Denied	
Signature: Na	me and Title:

MASSACHUSETTS USED CAR DEALER'S BOND

KNOW AL	L MEN BY THESE PRESENTS, that	we,		
Benny's A	uto Sales Inc		·	
of 508 So	merville Ave		Somerville, MA 02143	
as Principal	l, and			,
NGM Insur	rance Company			
55 West S	treet		Keene, NH 03431-7000	,
authorized	to do business in the Commonwea	lth of Massach	usetts, as Surety, are held a	and firmly bound unto
City of Some			93 Highland Ave	Somerville, MA 02143
as Obligee, amended by	for the benefit of all natural persons was Chapter 422 of the Acts of 2002, by r	who suffer loss eason of purcha	as defined by Chapter 140, Se use of a motor vehicle from the	ection 58 of the General Laws as said Principal, in the sum of
Twenty Fiv	ve Thousand and 00/100			
(<u>\$ 25,000.0</u> administrat	ors, successors and assignees, jointly a			elves, our heirs, executors and
Whereas th	e said Principal is a Dealer having an e	stablished place	e of business at	
508 Some			Somerville, MA 02143	
in the Com	monwealth of Massachusetts, and is re-	quired to furnish	h a bond in accordance with C	hapter 140, Section 58.
Chapter 14 aggregate 1 bond or the	efore, the condition of this obligation 0, Section 58, then this obligation shall iability of the Surety shall in no event a number of years the bond remains in f	be void and of exceed the amo force.	no effect; otherwise it shall re unt of this bond regardless of	main if full force and virtue. The
The Forego	oing Agreement is Subject to the Follow	wing Conditions	and Limitations:	
Section 1.	Recovery Against this bond may be dealer for an act or omission on whi the bond. No suit may be maintained event giving rise to the cause of action	ich the bond is d to enforce any	conditioned if the act or omis	sion occurred during the term of
Section 2.	Notice of any suit under this bond me said notice by the Obligee to be prima	oust be made in a facie evidenc	writing to the Obligee (writte e of compliance with this requ	n acknowledgement of receipt of irement of notice).
Section 3.	The Surety may cancel said bond l Obligee and this bond shall be deem		(30) days notice in writing	by U.S. First Class mail to the
Effective th	his 30th day of November	2010		
Witness		Benny's	Auto Sales Inc	(Seal)
		Ву	Jucque 1 Principa	rolsett
Witness		NGM in	surance Company	(Seal)
		By	Surety	Attorney-in-Fact
		Willi	am J Garrity	- 200-300-00-00-00-00-00-00-00-00-00-00-00-

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 returns and paid all State taxes required under law.	e tax
y R I R I R I R I R I R I R I R I R I R	
*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 corpora	tion)

- * 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 SOMERULUE AUE					
Address of taxpayer/applica	ant's home in Somervill	le:			
Taxpayer/applicant's phone	e: day: <u>617 >>6 690</u>	© evening: <u>78/ 4</u> 3	5 1259		
I, (print name) Ben certify that all the informati have been paid or that the current on said agreement.	Rosse Hi on contained herein is tr Taxpayer has entered in	, the undersigned and correct and all taxes are to an agreement to pay all t	Taxpayer, do hereby and fees due the City axes and fees and is		
SIGNED UNDER THE P					
F-eß	, 20 _10				
*	CITY'S ACKNOV	VLEDGEMENT			
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:					
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:					
M Real Estate	Water/Sewer	Personal Property	Other:		
# 18588009	# 242018001	# 30056473	<u>#</u>		
NOTES: CLERK'S INITIALS: _		ORIGINAL STAMP:	1000 100 100 100 100 100 100 100 100 10		

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant i	information	ı :					
Name:	BEMJA	+ MIM	ROSSET	71			
Address:	508	SOME	wille	AUE			
City: Ge	Meauc	liz	State	e: MA	Zip: 021 4 3	Phone #: 61	77766900
(full and I am a s employ We are exempt: We are volunte	/or part time ole proprieto ees. a corporatio ion per c152 a nonprofit cers and have	e). or or partners n that has ex s1(4), and h organization on o employe on insurance	es. e information	no ght of oyees.	Restaurant/B Office and/or Nonprofit Entertainmen Manufacturin Health Care Other	ug <u>USED</u>	olishment ate, auto, etc.) CAR SALES
			-				25044 14.06
							32246-4486
City: ア	aci=90	HUILLE	Stat	e: FC	Zip: 32246		
Policy #:	CACO	7 1424	V			Expiration D	ate: 5/5/10
Applicant	certification	1;					
a fine up to and a fine of	\$1,500.00 a of \$100.00 a	nd/or one ye ı day against	ars' imprison	ment as well tand that a	l as civil penalties i	n the form of a	of criminal penalties of STOP WORK ORDER warded to the Office of
I do hereby	_certify_unde	er the pains a	penalties	of perjury tl	hat the information	provided abov	e is true and correct.
Signature:	LLE		LAND			Date: 2/1	0/10
Print Name	:	<u> </u>		.,,,,-			
	Official	l use only. D	o not write in	this area.	To be completed b	y city or town	official.
					se #:		Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Other

(revised Jan. 2008)