

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

GIORGIO PETRUZZIELLO  
712 MYSTIC AVENUE  
SOMERVILLE MA 02145

LIC #: 2012-211  
B.O.A.# #163212

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles:     Washing Vehicles:      Spray Painting:      Operating a Tow Vehicle:     

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$550.00 not  
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: AUTO EXPRESS TEL: 617-666-2830  
Company Address: 00712 MYSTIC AV

City: SOMERVILLE State: MA Zip: 02145

Check One: Gov't Partner  
Individual: X Co:      Corp:      Trust:      Agency      Ship      Other     

Owner Name: GIORGIO PETRUZZIELLO TEL: 1-978-276-0299Owner Address: 712 MYSTIC AVENUEOwner City: SOMERVILLE State: MA Zip: 02145FID#: 032488581

This renewal is being sent to you as a courtesy, please file on time. If this  
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-06:00 PM  
SATURDAY: 09:00 AM-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-211  
FEE: \$550.00

This is to certify: GIORGIO PETRUZZIELLO  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 03/12/1998

Garage situated at: 00712 MYSTIC AVDoing business as : AUTO EXPRESS

Shall not exceed: 3 Vehicles Inside & 7 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license.

Check One: Owner X Occupant      Holder     

Signature of Applicant

Address

712 MYSTIC AVENUE  
SOMERVILLE MA 02145  
City State Zip

\*\* Office Use Only \*\*

Mailed     Taken     Received: \$550.00 ckd 3867

4/24/12 -MS  
City Clerk

## IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:

AUTO EXPRESS

Somerville Address and Zip Code:

712 MYSTIC AVENUE 02145

Phone Number of the Business:

617 666 2830

The Legal Name of the License Holder:

GIORGIO PETRUZZIELLO

Street Address of the License Holder:

3 GILLIS DRIVE

City, State and Zip Code of the License Holder:

NORTH READING MA 01864

Phone Number of the License Holder:

617 312 3816

Email Address of the License Holder:

MASSINSPEC@COMCAST.NET

Where We Should Send Mail: Name:

GIORGIO PETRUZZIELLO

Street Address:

712 MYSTIC AVENUE

City, State and Zip Code:

SOMERVILLE MA 02145

Email:

MASSINSPEC@COMCAST.NET

Phone Number:

617 666 2830

Federal ID # (Do Not Give a Social Security #):

Emergency Contact and Phone (For Fire Dept. Use):

617 312 3816

Type of Business (Check Only One and Give the Names Indicated):



Sole Proprietor: Name of Owner:

GIORGIO PETRUZZIELLO

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:

Trust: Names of All Trustees Who Own More Than 10%:

Corporation (inc. LLC): Name of President:

Name of Secretary:

Name of Treasurer:

Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:



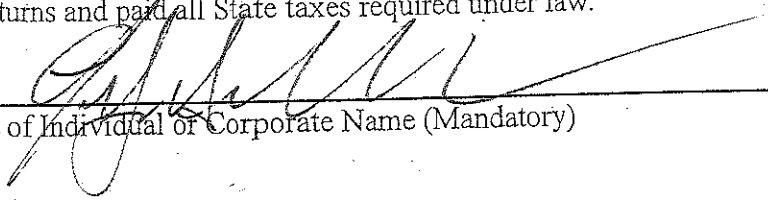
Date

4-24-12

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.

  
\* 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: AUTO EXPRESS  
Address of taxpayer/applicant's business in Somerville: 712 MYSTIC AVENUE  
Address of taxpayer/applicant's home in Somerville: /  
Taxpayer/applicant's phone: day: 617 666 3830 evening: 617 312 3816

I, (print name) GIORGIO PETRUZZELLO, 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 \_\_\_\_\_ day of

4-24, 2012. [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: \_\_\_\_\_

# 10654 # 248004001 # 960 # \_\_\_\_\_

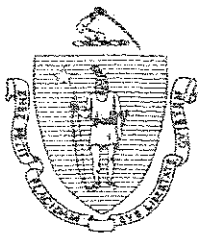
NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



**RECEIVED**  
Barans  
4-24-12



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7<sup>th</sup> Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name:

GIORGIO PETRUZZIELLO

address:

712 MYSTIC AVENUE

city:

SOMERVILLE

state:

MA.

zip:

02145

phone #

617 666 2830

work site location (full address):

712 MYSTIC AVENUE

SOMERVILLE MA.

☒ I am a sole proprietor and have no one working in any capacity.

Business Type:

☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ Office

☐ Sales (including Real Estate, Autos etc.)

☐ I am an employer with \_\_\_\_\_ employees (full & part time).

☐ Other

☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

A.I.M. MUTUAL INS. CO.

address:

BURLINGTON MA.

city:

54 THIRD ST

phone #:

781 221 6000

insurance co.

policy #

AWC 703530-012

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city:

phone #:

insurance co.

policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Attach additional sheet if necessary

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

*Giorgio Petruzzello*

Date

4-24-12

Print name

GIORGIO PETRUZZIELLO

Phone #

617 666 2830

official use only

do not write in this area to be completed by city or town official

city or town:

permit/license #

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other

contact person:

phone #:

(revised Sept. 2003)