



CITY OF SOMERVILLE, MASSACHUSETTS

CITY CLERK'S OFFICE

JOSEPH A. CURTATONE  
MAYOR

JOHN J. LONG  
City Clerk

January 13, 2015

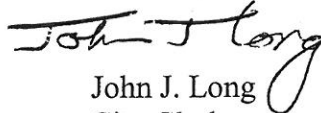
To Whom It May Concern:

PJJ Auto Sales, Inc., dba John's Auto Sales, located at 181 Somerville Avenue, Somerville, has submitted a complete application to renew its Used Car Dealer's Class II License with the City of Somerville for 2015.

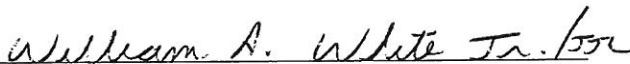
The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at the January 22, 2015, Board of Aldermen's meeting. The Signatures below will indicate interim approval by the Board of Aldermen.

It is the intention of the signers below to renew this Used Car Dealer's License. Feel free to contact me at 617 625-6600 x4110, to ask any questions, or confirm the Board's approval.

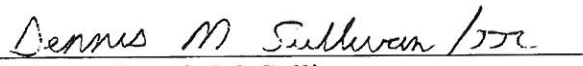
Sincerely,

  
John J. Long  
City Clerk

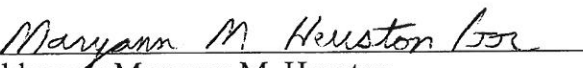
Approved by President:

  
President William A. White, Jr.

Approved by Committee on Licenses and Permits:

  
Chairman Dennis M. Sullivan

Approved by Ward Alderman:

  
Alderman Maryann M. Heuston



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

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**PJJ AUTO SALES, INC.**  
**181 SOMERVILLE AVE**  
**SOMERVILLE, MA 02143**

License #: **1122**

Fee: **.00**

Account ID: **890**

Reference #: **1122**

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: <b>JOHN'S AUTO SALES</b> Business Location: <b>181 SOMERVILLE AVE</b> Business Phone: <b>617-628-5511</b>	
License Holder: <b>PJJ AUTO SALES, INC.</b> <b>181 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-5511</b>	
Mailing Address: <b>PJJ AUTO SALES, INC.</b> <b>181 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b>	
<b>SECRETARY - JOHN ELEFThERAKIS</b> <b>PRESIDENT - PAUL NUTTER</b> <b>TREASURER - PAUL NUTTER</b>	
FID: <b>464859110</b>	
Food Manager/Emergency Contact: <b>JASON SHEELY</b> <b>617-628-5511</b>	

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

Hours: **MO-FR 8-8P, SA 8-5P, SU 10-5P**

**38 VEHICLES OUTSIDE**

Description of Location and/or Other Conditions:

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: 11/12/2015

Print Name: Jason P. Sheely Phone: 845-514-0243

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

Bond No. 562070

Effective Date: 08/28/14

## Massachusetts Used Car Dealer's Bond

KNOW ALL MEN BY THESE PRESENTS, That we,

PJJ Auto, Inc. dba John's Auto Sales

of Somerville, MA, as Principal, and

NGM Insurance Company; P.O. Box 2300; Keene, NH 03431, authorized to do business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto

City of Somerville, MA,

as Obligee, for the benefit of all natural persons who suffer a 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 Dollars (\$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

181 Somerville Ave; Somerville

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:

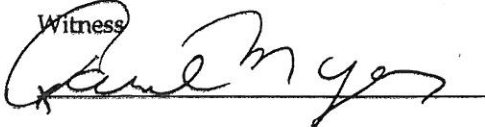
Section 1.Recovery against this bond may be made by any natural person who obtains a final judgment in court against the Dealer for an act or omission on which the bond is conditioned if the act or omission occurred during the term of the bond. No suit may be maintained to enforce any liability on the bond unless brought within one (1) 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 is 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.

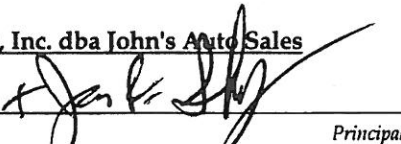
Signed this day, 28 August 2014.

Witness




PJJ Auto, Inc. dba John's Auto Sales

By:

  
Principal

NGM Insurance Company

By:

  
Katie E. Ford Attorney-in-Fact  
A.A. DORITY Company, Inc. (617) 523-2935  
262 Washington Street; Boston, MA 02108



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: PJ Autos Inc. DBA Johns Auto Sales

Address of taxpayer/applicant's business in Somerville: 181 Somerville Ave.

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

Taxpayer/applicant's phone: day: 617-628-5511 evening: 845-574-0243

I, (print name) Jason P. Shedy, 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 12<sup>th</sup> day of January, 20 15. Jason P. Shedy  
(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: \_\_\_\_\_

# 13866 # 118014041 # 1034 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED  
URBANA  
1-12-15

**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:**

Name: PSS Autos Inc DBA John's Auto Sales  
Address: 181 Somerville Ave  
City: Somerville State: MA Zip: 02143 Phone #: 617-628-5511

- ☒ I am an employer with 11 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: Summit Insurance, Inc. Motorist Community Mutual  
Address: PO Box PO Box 130  
City: Andover State: MA Zip: 01810 Phone #: 978-475-1146  
Policy #: TWC 3424510 Expiration Date: 8/15/15

**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: 11/12/15  
Print Name: Jason R. Sheedy

*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 \_\_\_\_\_