

10 AUTOS

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$500.00

Date

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

2008 NOV 19 A 9:21
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Handwritten signature

New Application Check one: Class 1 Class 2 Class 3
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Business Name: MYSTIC AUTO SALES + SERVICE Phone: 617 666 2830

Business DBA Name (if applicable): _____

Address with Zip Code: 712 MYSTIC AVENUE SOMERVILLE MA 02145

Tax Identification Number: 032-48-8581

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: 712 MYSTIC AVENUE SOMERVILLE MA 02145

Property Owner Name: GIORGIO PETRUZZIELLO Phone: 617 666 2830

Address with Zip Code: 3 GILLIS DRIVE NORTH READING MA 01864

Emergency Contact 1: GIORGIO PETRUZZIELLO Phone: 617 312 3816

Emergency Contact 2: LINA BALLARANO Phone: 81 329 1809

Type of Business (Check one):

Sole Proprietorship Partnership LLC
 Corporation Other

IF A SOLE PROPRIETORSHIP:

Owner's Name: GIORGIO PETRUZZIELLO

Address with Zip Code: 712 MYSTIC AVENUE SOMERVILLE MA 02145

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

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

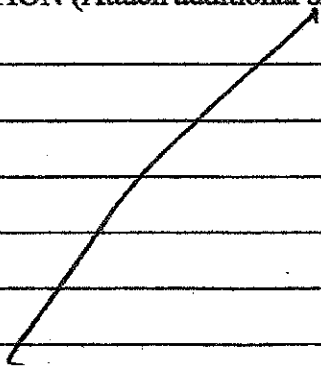
Address with Zip Code: _____

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: AM 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:

GARAGE AND
SIDE LOT

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 _____

Business Name: _____

Business Address: _____

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: _____ Date: _____

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

_____ Approved

_____ Denied

Signature: _____ Name and Title: _____

Water Street Insurance Agency

27 Water Street
Wakefield, MA 01880

781-245-0888
Fax 781-246-3926

Invoice

Mystic Auto Sales & Service
Mr. Giorgio Petruzzello
710-712 Mystic Avenue
Somerville, MA 02145

Amount Enclosed

Date	Customer#	Invoice#
10/4/10	1964	5264

Please return this portion with remittance

Customer Service Representative	Sales Executive	Date	Customer#	Invoice#
Paula Cocca	Water Street Insurance Agency	10/4/10	1964	5264

Policy: 69820799
Company: CNA Surety Co
Line: Fidelity Bond

Effective: 12/2/10
Expire: 12/2/13

Description	Transaction	Amount
Used Auto Dealer Bond - \$25000 (3 yr bond)	Renewal	\$625.00
	Total Amount Due	\$625.00

PAID

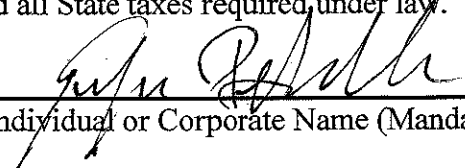
10-21-10

Premium balance is due on effective date of policy. A Finance Charge of 1.50% per month which is an annual percentage rate of 18.00% will be charged on all balances over 60 days.

IMPORTANT: Please examine the policies listed above and notify us immediately if any changes are necessary. ANY POLICY NOT WANTED MUST BE RETURNED PROMPTLY FOR CANCELLATION; otherwise an earned premium will be charged by the Company for the time it was in force. PREMIUMS ARE DUE ON EFFECTIVE DATE.

**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.

 11-12-10

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

032-48-8581

**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: MYSTIC AUTO SALES+ SERVICE

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 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 _____ day of
11-12-10, 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: _____
07279200 # 24800400 / # 04570009 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
11-12-10

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: MYSTIC AUTO SALES + SERVICE
Address: 712 MYSTIC AVENUE
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. I. M. MUTUAL INS. CO.
Address: 54 THIRD AVE
City: BURLINGTON State: MA Zip: 01803 Phone #: 781 221 6000
Policy #: AWC 701 31530-010 Expiration Date: 6-27-11

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: 11-12-10
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