



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

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

**BENNY'S AUTO SALES INC.**  
508 SOMERVILLE AVE  
SOMERVILLE, MA 02143

License #: 987  
Fee: 550.00  
Account ID: 781  
Reference #: 987

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>BENNY'S AUTO SALES INC.</b> Business Location: <b>508 SOMERVILLE AVE</b> Business Phone: <b>617-776-6900</b>	
License Holder: <b>BENNY'S AUTO SALES INC.</b> <b>508 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-6900</b>	508 SOMERVILLE AVE SOMERVILLE MA 02143
Mailing Address: <b>BENNY'S AUTO SALES INC.</b> <b>508 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - BENJAMIN ROSSETTI</b> <b>SECRETARY - BENJAMIN ROSSETTI</b> <b>TREASURER - BENJAMIN ROSSETTI</b>	
FID: <b>260814356</b>	
Food Manager/Emergency Contact: <b>LUCIANO ROSSETTI</b>	

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2013 DEC 11 AM 11:33

*Same*

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)  
Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

- 2 VEHICLES INSIDE
- 8 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: BENJAMIN ROSSETTI Date 11-19-13  
Print Name: BENNY'S ROSSETTI Phone 617 776 6900

BOND DEPARTMENT

AGENCY: 20-0786 T Edmund Garrity & Co Inc

CONTINUATION CERTIFICATE	BOND	S-288863
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**Principal:**  
Benny's Auto Sales Inc  
508 Somerville Ave  
Somerville, MA 02143

**Obligee:**  
City of Somerville  
City Hall  
93 Highland Ave  
Somerville MA 02143

**Bond Term in Months:** 12      **Effective Date:** 11/30/2013      **Expiration Date:** 11/30/2014  
**Penalty Amount:** \$25,000      **Type of Bond:** License  
**Classification:** Used Motor Vehicle Dealer MA

**Remarks:**

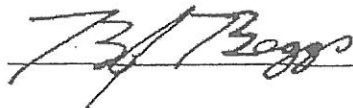
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

NGM INSURANCE COMPANY

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Direct Bill



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: BENNY'S AUTO SALES INC  
Address of taxpayer/applicant's business in Somerville: 506 SOMERVILLE AVIE SOMER  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617 776 6900 evening: 781 435 1259

I, (print name) \_\_\_\_\_, 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 19 day of NOVEMBER, 2013. [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: \_\_\_\_\_  
# 13881      # 242078001      # 1130      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

**ORIGINAL STAMP:**



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: BENNY'S AUTO SALES INC  
Address: 506 GOMERVILLE AVE  
City: GOMERVILLE State: MASS Zip: 02143 Phone #: 617 776 6900

- I am an employer with \_\_\_\_\_ employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

Workers' compensation insurance information (if applicable):

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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: Lucrezio Rossetti Date: \_\_\_\_\_  
Print Name: LUERZIO ROSSETTI

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 \_\_\_\_\_