

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date _____

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

New Application

Check one: Class 1 Class 2 Class 3

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: JOHN'S AUTO SALES INC Phone: 617-201-6573

Business Location (with Zip Code): (AND) PETER PIANTIDOSI 246 BEACON ST Somerville

Applicant's Legal Name: JOHN'S AUTO SALES INC. (AND) PETER PIANTIDOSI

Applicant's Address (with Zip Code): PO Box 45251 Somerville MA 02145

Applicant's Email Address: PSP@711E AOL.COM

Applicant's Federal Employer Identification Number: # 042743707

Mailing Name (where we should send correspondence to): JOHN'S AUTO SALES INC (AND) PETER

Mailing Address (with Zip Code): PO Box 45251 Somerville MA 02145 PIANTIDOSI

Emergency Contact: Peter PIANTIDOSI Phone: 617 201 6573

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Peter Piantidosi

Address with Zip Code: PO Box 45251 Somerville MA 02145

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

Partner's/Member's/President's Name: John Eleftherakis

Address with Zip Code: 181 Somerville Ave Somerville MA 02145

Partner's/Member's/Secretary's Name: SAME

Address with Zip Code: SAME

Partner's/Member's/Treasurer's Name: SAME

Address with Zip Code: SAME

CITY CLERK'S OFFICE
SOMERVILLE MA
2011 AUG 15 P 5:51

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:

John's Auto Sales Inc

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

Somerville
1970 thru 2013

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:

466 Beacon St.

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:

Those Hours Are Five

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: JOHN'S AUTO SALES INC 3 Peter PIAVITIOSI

Business Address: 240 BEACON ST SOMERVILLE MA

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: _____



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: Peter Piantadosi (AND) JOHN'S AUTO SALES INC

Address of taxpayer/applicant's business in Somerville: 266 Beacon St Somerville

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

Taxpayer/applicant's phone: day: 6172016573 evening: SAME

I, (print name) JOHN ELEFTHERAKIS & PETER PIANTADOSI, 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

_____, 20____. _____
(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: _____

039-D-00007 # NO water # _____ # _____

NOTES:

CLERK'S INITIALS: RS

ORIGINAL STAMP: 

RECEIVED
8-19-13

**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: JOHN'S AUTO SALES INC (A/D) Peter PANTIDOS
 Address: 244 BEACON ST
 City: Somerville State: MA Zip: 02145 Phone #: 617 201 6573

- I am an employer with 8 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: AM TRUST NORTH AMERICA
 Address: 5800 COMBADO CENTER
 City: CLEVELAND State: OH Zip: 44131 Phone #: 877 528 7878
 Policy #: TWC3323206 Expiration Date: 8/15/1015

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: _____
 Print Name: John Eleftherakis & Peter Pantidos

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 _____

(revised Jan. 2008)