

## SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Nonrefundable Application Fee \$605.00

Date 12-9-15

2015 DEC 17 P 5:06  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 12/17/15

Amount Paid \$605.00

☒ New Application

Check one: ☐ Class 1 ☒ Class 2 ☐ Class 3

☐ Renewing Application with Additions or Changes

Vehicles stored: ☐ inside

☐ Renewing Application with NO Additions or Changes

10 outside

Business (DBA) Name: Mystic Auto Sale Phone: 617-666-2830

Business Location in Somerville (with Zip Code): 708 - 712 Mystic Ave

Applicant's Federal Employer Identification Number: 47-2727205

Applicant's Legal Name: Edgard Fagad

Mailing Name (who we should send correspondence to): Edgard Fagad

Mailing Address (with Zip Code): 712 Mystic Ave Somerville MA - 02145

Emergency Contact: Edgard Phone: \_\_\_\_\_

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

☒ **Sole Proprietor**: Name of Owner: Edgard Fagad

☐ **Partnership (inc. LLP)**: Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ **Trust**: Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☐ **Corporation**: Name of Corporation: \_\_\_\_\_

Name of President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_

☐ **LLC**: Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

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

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: Highland Automotive

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 2013, Everett, MA - 02149

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 \_\_\_\_\_

I request permission to store \_\_\_\_\_ vehicles inside the building, and 10 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

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. 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 Applicant: [Signature] Date 12-9-15

Business Name: Mystic Auto Sales

Business Address: 708 - 712 Mystic Ave.

## FOR NEW APPLICANTS:

### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BB Zone.

☒ The use is permitted as of right

☐ The use requires a special permit

☐ The use is prohibited

T.B.P.

Class 1 & 2: Maximum number of vehicles to be kept on the premises: \_\_\_\_\_ inside

\_\_\_\_\_ outside

Signature: Al Bargaat

Date: 12/17/15

Print Name: Al Bargaat

Title: Building Inspector

### POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

☒ Approved

☐ Denied

Signature: [Signature]

Name and Title: SGT JOHN TAM

CHIEF'S ADMINISTRATIVE  
AIDE,  
SOMERVILLE POLICE

George A. Graves

Flaminio Bevilacqua

**B<sup>1</sup>**

**B<sup>2</sup>**

**FREEMONT STREET**

IRELAND ST.

Dimensions and Bearings:

- Top boundary: 97.46, 25.75, 26.22
- Right boundary: 50.00, 75.86, 53.25, 30.82, 21.12
- Left boundary: 50.91, 50.00
- Bottom boundary: 40.12
- Bearings: 111° 57' 15", 163° 15' 15", 103° 15' 15", 85° 40', 101° 44' 40", 79° 42' 40", 79° 42' 40", 80° 47' 00", 110° 00' 00"

MYSTIC



Massachusetts



# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 62619926

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: December 18th, 2015

That we, Edgard Fayad DBA Mystic Auto Sales,

as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at Somerville City Hall, Somerville, MA 02145

by First Class U.S. Mail.

Address

Dated this 18th day of December, 2015.



Mystic Auto Sales, Principal

By: ☒

WESTERN SURETY COMPANY, Surety

By: Paul T. Brufat

Paul T. Brufat, Senior Vice President

# Western Surety Company

## POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,  
State of South Dakota, its regularly elected Vice President,  
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Second Hand Motor Vehicle Dealer

bond with bond number 62619926

for Edgard Fayad DBA Mystic Auto Sales

as Principal in the penalty amount not to exceed: \$ 25,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 18th day of December, 2015.

ATTEST

*L. Nelson*

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By

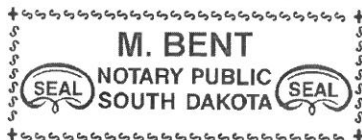
*Paul T. Bruflat*

Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

On this 18th day of December, 2015, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires March 2, 2020

*M. Bent*

Notary Public

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Edgard Fayad  
Address of taxpayer/applicant's business in Somerville: 708-710-712 Mystic Ave  
Address of taxpayer/applicant's home in Somerville: 42 Anthony Lane, Dedham, MA-02026  
Taxpayer/applicant's phone: day: 617-666-2830 evening: 617-953-6883

I, (print name) Edgard Fayad, 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 9<sup>th</sup> day of December, 2015.  
[Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>10984</u>	# <u>24800400</u>	# <u>923</u>	# _____

**NOTES:**

**CLERK'S INITIALS:** [Signature]

**ORIGINAL STAMP:**

RECEIVED  
Barrios  
12-17-15



**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: Edgard Fayad  
Address: 712 Mystic Ave  
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: N.G.M. Insurance Company  
Address: PO Box 2004  
City: Keene State: NH Zip: 03431 Phone #: \_\_\_\_\_  
Policy #: WCT 8340 Q Expiration Date: 1-5-2016

**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: 12-9-15

Print Name: Edgard Fayad

**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 \_\_\_\_\_





**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

License #: 6

Docket #198142

Account ID: 7

Reference #: 6

## **USED CAR DEALER CLASS 2**

**GIORGIO PETRUZZIELLO**  
**MYSTIC AUTO SALES AND SERVICE**  
**708-712 MYSTIC AVE**  
**SOMERVILLE, MA 02145**

License Expires: 12/31/2015

This is to certify that **GIORGIO PETRUZZIELLO, dba MYSTIC AUTO SALES & SERVICE,**  
has been granted a/an **USED CAR DEALER CLASS 2** license in the City of Somerville, **ONLY** at the  
following address: **712 MYSTIC AVE.**

This license is issued subject to the provisions of the General Laws of the Commonwealth, all  
ordinances of the City, and all regulations or conditions of the **BOARD OF ALDERMEN**, including  
but not limited to any specific conditions listed below.

**License Information:**

**Hours: MO-FR 8AM-6PM, SA 8AM-2PM**

**Food Manager / Emergency Contact: GIORGIO PETRUZZIELLO 617-312-3816**

**10 VEHICLES**

**Attest for the BOARD OF ALDERMEN:**

**This license is NOT Transferable, and no changes may be made to this license  
without the approval of the BOARD OF ALDERMEN.**  
**This license must be posted in a conspicuous place on the premises.**