

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

7014 DEC -3 P 1.49

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE CLERK'S OFFICE

License #: 987

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

Fee:

.00

Account ID:

781

Reference #:

987

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: BENNY'S AUTO SALES INC. Business Location: 508 SOMERVILLE AVE Business Phone: 617-776-6900	
License Holder: BENNY'S AUTO SALES INC. 508 SOMERVILLE AVE SOMERVILLE, MA 02143 617-776-6900	
Mailing Address: BENNY'S AUTO SALES INC. 508 SOMERVILLE AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - BENJAMIN ROSSETTI SECRETARY - BENJAMIN ROSSETTI TREASURER - BENJAMIN ROSSETTI	
FID: 260814356	
Food Manager/Emergency Contact: LUCIANO ROSSETTI	
Conditions: (to change only conditions as here's	

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

VEHICLES INSIDEVEHICLES 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 All -I have filed all State tax returns and paid all State taxes required by la Signature:	DERMEN
Print Name:	Phone

AGENCY: 20-0786 T Edmund Garrity & Co Inc

CONTINUATION CERTIFICATE

BOND

S-288863

Principal:

Benny's Auto Sales Inc c/o Luciano Rossetti 30 Pomeworth St Apt 24 Stoneham, MA 02180

Obligee:

City of Somerville City Hall 93 Highland Ave Somerville MA 02143

Bond Term in Months: 12

Effective Date: 11/30/2014

Expiration Date: 11/30/2015

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.



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	oplicant's business: B	ENHY'S AUTO SA	LES IMP	
Address of taxpayer/applicant's business in Somerville: <u>508 SOMERVILLE</u>				
Address of taxpayer/applicant's home in Somerville:				
Taxpayer/applicant's phone: day: 78 5588 48 evening: 617 >76 6900				
I, (print name) LUCIATO POSSETTI , 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 day of				
HOUENBEL	,20 174.	(Taxpayer's signatu	1	
		(Taxpayer's signatu	ıre)	
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: _	INCLUDE	ES RELEVANT POSTINGS THROUGH	H:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
☐ Real Estate	□ Water/Sewer	☐ Personal Property	☐ Other:	
#13986	#242078001	# 1090	#	
NOTES:				
CLERK'S INITIALS:		ORIGINAL STAMP:	3 Banda	

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: BENNYIS AUTO SALES IME				
Address: 508 SOMEWVILLE AVE	CEL 7815588148			
City: SOMER LICE State: List Zip: O	2143 Phone #: 617 7766900			
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	tail staurant/Bar/Eating Establishment fice and/or Sales (real estate, auto, etc.) nprofit tertainment unufacturing alth Care			
Workers' compensation insurance information (if applicable):				
Insurance Company Name:	2			
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 to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the fo \$100.00 a day against me. I understand that a copy of this statement may be forward for coverage verification.	orm of a STOP WORK ORDER and a fine of			
I do hereby certify under the pains and penalties of perjury that the information p	provided above is true and correct.			
Signature:	Date:			
Print Name:				
Official use only. Do not write in this area. To be completed by city or town official.				
City or Town: Permit/License #:	☐ Building Department☐ City/Town Clerk☐ Licensing Board			
Contact Person: Phone #:	Selectmen's Office Other			

(revised Jan. 2008)

Jun 08, 2012 26-0814356

LTR 147C

BENNYS AUTO SALES INC 508 SOMERVILLE AVE SOMERVILLE MA 02143-3250 082

Taxpayer Identification Number: 26-0814356

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of June 8th, 2012.

Your Employer Identification Number (EIN) is 26-0814356. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely.

Mrs. S. White 1000247879

Customer Service Representative