



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

CK 1606  
\$550-

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

**BENNY'S AUTO SALES INC.**  
C/O BENJAMIN ROSSETTI  
55A DUTTON ST  
MALDEN, MA 02148

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: For <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>C/O BENJAMIN ROSSETTI</b> <b>55A DUTTON ST</b> <b>MALDEN, MA 02148</b> <b>617-776-6900</b>	508 Somerville Ave. Somerville, MA 02143
Mailing Address: <b>BENNY'S AUTO SALES INC.</b> <b>55A DUTTON ST</b> <b>MALDEN, MA 02148</b>	508 Somerville Ave Somerville, MA 02143
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - BENJAMIN ROSSETTI</b> <b>SECRETARY - BENJAMIN ROSSETTI</b>	
FID: <b>260814356</b>	
Food Manager/Emergency Contact: <b>LUCIANO ROSSETTI</b>	

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**

- 10 VEHICLES  
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: 1/10/13

Print Name: BENJAMIN 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:** 11/30/2012

**Expiration Date:** 11/30/2013

**Penalty Amount:** \$25,000

**Type of Bond:** License

**Classification:** Used Motor Vehicle Dealer MA

**Remarks:**

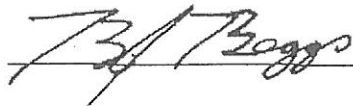
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

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: 508 SOMERVILLE AVE SOM

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 776 6900 evening: 781 435 1259

I, (print name) <sup>LUCIANO</sup> Luciano Rossetti, 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 11 day of  
DECEMBER, 2012. Luciano Rossetti  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 3/12/13 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☒ Water/Sewer ☒ Personal Property ☐ Other: \_\_\_\_\_

# \_\_\_\_\_ # 242078001 # 1149 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



3/12/13

ATT WIL

**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: 508 SOMERVILLE AVE  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 776 6900

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |                       | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                       | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                       | <input type="checkbox"/> Nonprofit                                     |
|  |                       | <input type="checkbox"/> Entertainment                                 |
|  |                       | <input type="checkbox"/> Manufacturing                                 |
|  |                       | <input type="checkbox"/> Health Care                                   |
|  |                       | <input type="checkbox"/> 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: \_\_\_\_\_ 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 #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/11/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

T. Edmund Garrity & Co., Inc.  
545 Concord Ave.

Cambridge MA 02138

## INSURED

LUCIANO ROSSETTI  
DBA INTERNATIONAL AUTO REPAIR  
508 SOMERVILLE AVE  
SOMERVILLE MA 02143-3250

CONTACT NAME: CRISTINA

PHONE (A/C No. Ext): (617) 354-4640

FAX (A/C No.): (617) 354-5828

E-MAIL ADDRESS: cristina@garrity-insurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Main Street America Assurance

29939

INSURER B: UTICA NATL. ASSURANCE CO.

10687

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER MASTER COI 2012

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WV D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BPP1424V	5/7/2012	5/7/2013	MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	4596730	12/3/2012	12/3/2013	E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property, Special Form Replacement Cost			BPP1424V	5/7/2012	5/7/2013	Business Personal Property 65,000 Deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

FOR REFERENCE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

W Garrity/CRISTI

ACORD 25 (2010/05)

INS025(201005).01

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