



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

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

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

License #: 6  
Fee: 550.00  
Account ID: 7  
Reference #: 6

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>MYSTIC AUTO SALES &amp; SERVICE</b> Business Location: <b>712 MYSTIC AVE</b> Business Phone: <b>617-666-2830</b>	708-712 MYSTIC AVE
License Holder: <b>GIORGIO PETRUZZIELLO MYSTIC AUTO SALES AND SERVICE 712 MYSTIC AVE SOMERVILLE, MA 02145 617-666-2830</b>	/
Mailing Address: <b>GIORGIO PETRUZZIELLO MYSTIC AUTO SALES AND SERVICE 712 MYSTIC AVE SOMERVILLE, MA 02145</b>	/
Business Type: <b>SOLE PROPRIETORSHIP OWNER - GIORGIO PETRUZZIELLO</b>	/
FID: <b>032488581</b>	
Food Manager/Emergency Contact: <b>GIORGIO PETRUZZIELLO 617-312-3816</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

25 VEHICLES

Description of Location and/or Other Conditions:

708-712 MYSTIC AVE  
GARAGE AND LOT

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: \_\_\_\_\_

Date: \_\_\_\_\_

10-25-13

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

CITY CLERK'S OFFICE  
 SOMERVILLE, MA  
 2013 OCT 25 A 10:56

**GIORGIO PETRUZZIELLO**  
MYSTIC AUTO SALES & SERVICE  
712 MYSTIC AVENUE  
SOMERVILLE, MA 02143

REMITTANCE ADVICE					

53-139/113

3943

AY

DOLLARS

TO THE ORDER OF	DATE	CHECK NO.	CHECK AMOUNT
CNA SURETY	10-25-13	3943	625-

BOND POLICY 69820799

CENTURY BANK AND TRUST COMPANY  
MEDFORD, MASSACHUSETTS

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

⑈003943⑈ ⑆011301390⑆ ⑈33 00075 1⑈

**NOTICE OF PREMIUM DUE**  
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Phone: 1-888-866-2666  
Fax: 1-605-335-0357  
Email: [uwservices@cnaSurety.com](mailto:uwservices@cnaSurety.com)  
Company#: 0601  
Bond/Policy#: 69820799  
Billing Date: 09/27/2013  
Due Date: 12/02/2013

Premium: \$625.00

GIORGIO PETRUZZIELLO  
710-712 MYSTIC AVE.  
SOMERVILLE, MA 02143

**Amount Due: \$625.00**

Company#: 0601  
Bond/Policy#: 69820799  
Effective Date: 12/02/2013      Anniversary Date: 12/02/2016  
Bond amount: \$25,000.00  
Name: GIORGIO PETRUZZIELLO DBA MYSTIC AUTO SALES & SERVICE  
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (781)245-0888  
Agency Code: 20-18340

**Cocca Insurance Associates, Inc.**  
27 Water Street  
Wakefield, MA 01880

**PAID**  
10-25-13  
CH

**YOU CAN PAY ONLINE BY VISITING [ONLINEPAY.CNASURETY.COM](http://ONLINEPAY.CNASURETY.COM)**

Please detach and return the coupon below with your payment. Please send payment to the address below. For overnight payments please call 1-888-866-2666.

**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: MYSTIC AUTO SALEST SERVICE  
 Address: 708-712 MYSTIC AVENUE  
 City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 666 2830

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> I am an employer with <u>1</u> employees (full and/or part time).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b><br><input type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><input checked="" type="checkbox"/> Other <u>USED CARS</u> |
|---|--|

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: ZURICH SMALL BUSINESS  
 Address: 15700 LONG VISTA DRIVE  
 City: AUSTIN State: TX Zip: 78728 Phone #: 734 648 0737  
 Policy #: 04906576 Expiration Date: 9-1-14

**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: *Giorgio Petruzzello* Date: 10-25-13  
 Print Name: GIORGIO PETRUZZELLO

*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 <input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: MYSTIC AUTO SALES  
Address of taxpayer/applicant's business in Somerville: 708-712 MYSTIC AVE  
Address of taxpayer/applicant's home in Somerville: 712-MYSTIC AVE  
Taxpayer/applicant's phone: day: 617 666 2830 evening: 617 312 3816

I, (print name) GIORGIO PETRUZZELLO, 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  
10-25, 2013.  
(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: \_\_\_\_\_

# 10830      # 248004001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: Ⓟ

ORIGINAL STAMP:  RECEIVED  
10/25/13