



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

2014 NOV 12 A 10:44

CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

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

License #: 6  
Fee: .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>	
License Holder: <b>GIORGIO PETRUZZIELLO</b> <b>MYSTIC AUTO SALES AND SERVICE</b> 708-712 MYSTIC AVE SOMERVILLE, MA 02145 617-666-2830	
Mailing Address: <b>GIORGIO PETRUZZIELLO</b> <b>MYSTIC AUTO SALES AND SERVICE</b> 708-712 MYSTIC AVE SOMERVILLE, MA 02145	
Business Type: <b>SOLE PROPRIETORSHIP</b> <b>OWNER - GIORGIO PETRUZZIELLO</b>	
FID: <b>032488581</b>	
Food Manager/Emergency Contact: <b>GIORGIO PETRUZZIELLO</b> <b>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**

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:  Date: 11-11-14  
Print Name: GIORGIO PETRUZZIELLO Phone: 617 312 3816

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

REMITTANCE ADVISE				

3943

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

⑈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  
CJH

**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.





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: MYSTIC AUTO SALES + SERVICE

Address of taxpayer/applicant's business in Somerville: 708-712 MYSTIC AVENUE

Address of taxpayer/applicant's home in Somerville: 712 MYSTIC AVENUE

Taxpayer/applicant's phone: day: 617 666 2830 evening: 617 312 3816

I, (print name) GIORGIO PETRUZZIELLO 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 11 - 11, 20 14.  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 11-12-14 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

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

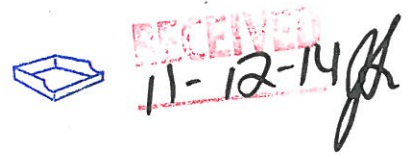
Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 10914      # 248004001      # 903      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: JK

ORIGINAL STAMP:



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 SALES SERVICE  
Address: 708-712 MYSTIC AVENUE  
City: SOMERVILLE State: MA Zip: 02145 Phone #: 6176602830

- I am an employer with 1 employees (full and/or part time).  
 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 volunteers and have no employees.
- Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other \_\_\_\_\_

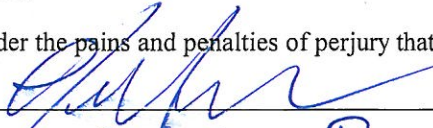
**Workers' compensation insurance information (if applicable):**

Insurance Company Name: ZURICH - SMALL BUSINESS INS.  
Address: 15700 LONG VISTA DRIVE  
City: AUSTIN State: TX Zip: 78728 Phone #: 7346680737  
Policy #: 04906576 Expiration Date: 9-1-15

**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: 11-11-14  
Print Name: GIORGIO PETRUZZIELLO

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 \_\_\_\_\_