



# CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2015 NOV 19 A 10:52

## Application to Renew Used Car Dealer License

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**PJ'S MOTORCARS INC**  
**161 BROADWAY**  
**SOMERVILLE MA 02145**

**License #:** BL15-001084  
**File #:** 15-853  
**Fee:** 550

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) |
|---|--|
| <b>Business/DBA Name:</b> PJ'S MOTORCARS INC<br><b>Business Location:</b> 161 BROADWAY<br><b>Business Phone:</b> 617-201-6573   |  |
| <b>License Holder:</b> PJ'S MOTORCARS INC<br>161 BROADWAY<br>SOMERVILLE MA 02145  |  |
| <b>Mailing Address:</b> PJ'S MOTORCARS INC<br>161 BROADWAY<br>SOMERVILLE MA 02145   |  |
| <b>Business Type:</b> Corporation<br>PETER PIANTIDOSI<br>PETER PIANTIDOSI<br>PETER PIANTIDOSI   |  |
| <b>FID:</b> 464284736   |  |
| <b>Emergency Contact:</b> PETER PIANTIDOSI<br><b>Phone:</b>   |  |
| <b>Dealership Class:</b> Class 2<br><b># of Vehicles Kept Inside:</b> 34<br><b># of Vehicles Kept Outside:</b> 4<br><b>Proposed Hours of Operation if operating outside standard hours:</b> mo-fr 8am- 7 pm, sa 8am - 4pm | → 6 CARS<br>* Plot Plan Will be Provided *           |

→ SUN 10-4

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: \_\_\_\_\_

Printed Name: Peter Piantidosi

Phone: 617-764-4026

Massachusetts



# Western Surety Company

## SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 140, § 58(c))

Bond No. 61889854

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: December 16th, 2013

That we, PJ's Motorcars, Inc.

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 \_\_\_\_\_  
City of Somerville, Somerville, MA 02145

by First Class U.S. Mail.

Address \_\_\_\_\_

Dated this 16th day of December, 2013.



PJ's Motorcars, Inc., Principal

By: \_\_\_\_\_

WESTERN SURETY COMPANY, Surety

By: Paul T. Brufat  
Paul T. Brufat, Senior Vice President



CITY OF SOMERVILLE, MASSACHUSETTS  
Treasury Department  
JOSEPH A. CURTATONE  
MAYOR  
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: Peter Piantadosi  
BUSINESS LOCATION: 161 BROADWAY AND/OR  
TAXPAYER'S HOME ADDRESS: N/A  
TAXPAYER/APPLICANT PHONE: DAY: 6172016573 EVENING: 6172016573  
BUSINESS NAME: PJ'S MOTORCARS INC  
BUSINESS ID NUMBER: \_\_\_\_\_ BUSINESS PHONE: 6177644026

I (print name) Peter Piantadosi, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 19 day of NOV,  
20 15. [Signature] (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID 2029 \*\*WATER/SEWER ID 101025001 \*\*PERSONAL PROPERTY \_\_\_\_\_ \*\*OTHER \_\_\_\_\_

NOTES:

CLERKS INITIALS: UB

BUSINESS or BUILDING  
PERMIT

ORIGINAL STAMP



UBanner  
11-19-15



*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: P.J.'s Motor Cars Inc.  
Address: 161 Broadway  
Somerville, MA 02145  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: 617 764 4026

- ☒ I am an employer with 1 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 Sales

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

Insurance Company Name: Ace American Ins. Company  
Address: Po Box 3556  
City: Orlando State: FL Zip: 32802 Phone #: \_\_\_\_\_  
Policy #: 0187530 Expiration Date: 11/6/16

**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: Peter - President Date: 11/19/15  
Print Name: Peter PLANTIDOSI

*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 \_\_\_\_\_