



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

2013 MAR 27 A 8:43

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

**PJ'S AUTO SALES INC
ATTN: PETER PIANTIDOSI
PO BOX 45251
SOMERVILLE, MA 02145**

License #: **1044**
Fee: **550.00**
Account ID: **29**
Reference #: **1044**

#6992

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 PJ'S AUTO SALES INC Business Location: 161 BROADWAY Business Phone: 617-201-6573	
License Holder: PJ'S AUTO SALES INC ATTN: PETER PIANTIDOSI PO BOX 45251 SOMERVILLE, MA 02145 617-201-6573	
Mailing Address: PJ'S AUTO SALES INC PO BOX 45251 SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - PETER PIANTIDOSI SECRETARY - PETER PIANTIDOSI	
FID: 203895496	
Food Manager/Emergency Contact: PETER PIANTIDOSI 617-201-6573	

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**

NOT OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 1 STORING VEHICLES
- 37 VEHICLES
- 33 VEHICLES INSIDE
- 4 VEHICLES OUTSIDE
- 1 WASHING VEHICLES

Description of Location and/or Other Conditions:

OTR per John Long

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: 3/1/13
Print Name: Peter Piantidosi Phone: 617 201 6573

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: PJ's Auto Sales, Inc.
Address: 161 Broadway
Somerville, MA 02145
City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with _____ 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 SALES

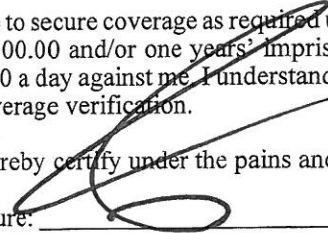
Workers' compensation insurance information (if applicable):

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 year's 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: 3/1/13
Print Name: Peter Piantadosi

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 _____



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT Peter Piantidosi

NAME OF PERSON REQUESTING CERTIFICATE: PJ's Auto Sales, Inc.

BUSINESS LOCATION: 161 Broadway Somerville AND/OR

TAXPAYER'S HOME ADDRESS: _____

TAXPAYER/APPLICANT PHONE: DAY: 6172016573 EVENING: 6172016573

BUSINESS NAME: PJ's Auto Sales, Inc.

BUSINESS ID NUMBER: 20-3895496 BUSINESS PHONE: 6172016573

I (print name) Peter Piantidosi, 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 14TH day of MARCH,

20 13. [Signature] (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

125686

101025001

17990

89-K-12

NOTES:

CLERKS INITIALS: RB

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

