

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00 _____

Date 11-1-11 _____

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>11-1-11</u>
Amount Paid	<u>\$ 550 -</u>

- New Application Check one: Class 1 Class 2 Class 3
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business (DBA) Name: MYSTIC AUTO SALES SERVICE Phone: 6176662830

Business Location (with Zip Code): 712 MYSTIC AVENUE SOMERVILLE MA 02145

Applicant's Legal Name: GIORGIO PETRUZZIELLO

Applicant's Address (with Zip Code): 3 GILLIS DR. NORTH READING MA 01864

Applicant's Email Address: MASSINSPECT.COM.CAZ.NET

Applicant's Federal Employer Identification Number: 032488581

Mailing Name (where we should send correspondence to): GIORGIO PETRUZZIELLO

Mailing Address (with Zip Code): 712 MYSTIC AVENUE SOMERVILLE MA 02145

Emergency Contact: GIORGIO Phone: 6173123816

- Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
- Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: GIORGIO PETRUZZIELLO

Address with Zip Code: 3 GILLIS DRIVE NORTH READING MA 01864

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2011 NOV - 1 A 10:32
 CITY CLERK'S OFFICE
 SOMERVILLE MA

Are you engaged principally in the business of buying, selling or exchanging motor vehicles?

Y N

Is your principal business the sale of new motor vehicles?

Y N

If yes, are you a recognized agent of a motor vehicle manufacturer, or do you have authority to sell the vehicles of a motor vehicle manufacturer via a written contract?

Y N

If yes, provide the name of the manufacturer(s): _____

Is your principal business the buying and selling of second hand motor vehicles?

Y N

If yes, have you obtained a \$25,000 bond pursuant to MGL c. 140 § 58, for this business, at this location?

Y N

If yes, do you have access to a repair facility to comply with the warranty obligations imposed by MGL c. 90 § 7N¼?

Y N

If yes, provide the name of the repair facility: A+M AUTO REPAIR

Is your principal business that of a motor vehicle junk dealer?

Y N

Have you ever obtained a license to deal in second hand motor vehicles or parts?

Y N

If yes, list year, city and state 90 MERRILL

Have you ever been denied a license to deal in second hand motor vehicles or parts?

Y N

If yes, list year, city and state _____

Have you ever had a license to deal in second hand motor vehicles or parts revoked or suspended?

Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: GARAGE + SIDE LOT

The hours of operation for used car dealers are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on December 31, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 11-1-11

Business Name: MYSTIC AUTO SALES + SERVICE

Business Address: 712 MYSTIC AVENUE SOMERVILLE MA 02145

FOR NEW APPLICANTS:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Class 1 & 2: Maximum number of vehicles to be kept on the premises: _____ inside
_____ outside

Signature: _____ Date: _____

Print Name: _____ Title: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be

- Approved
- Denied

Signature: _____ Name and Title: _____

Water Street Insurance Agency

27 Water Street
Wakefield, MA 01880

781-245-0888
Fax 781-246-3926

Invoice

Mystic Auto Sales & Service
Mr. Giorgio Petruzzello
710-712 Mystic Avenue
Somerville, MA 02145

Amount Enclosed

Date	Customer#	Invoice#
10/4/10	1964	5264

Please return this portion with remittance

Customer Service Representative	Sales Executive	Date	Customer#	Invoice#
Paula Cocca	Water Street Insurance Agency	10/4/10	1964	5264

Policy: 69820799
Company: CNA Surety Co
Line: Fidelity Bond

Effective: 12/2/10
Expire: 12/2/13

Description	Transaction	Amount
Used Auto Dealer Bond - \$25000 (3 yr bond)	Renewal	\$625.00
	Total Amount Due	\$625.00

PAID

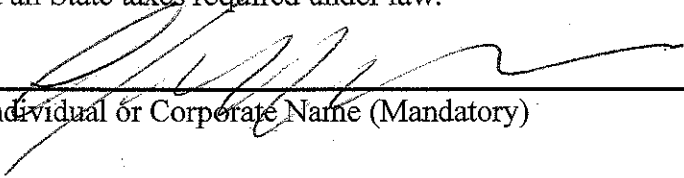
10-21-10

Premium balance is due on effective date of policy. A Finance Charge of 1.50% per month which is an annual percentage rate of 18.00% will be charged on all balances over 60 days.

IMPORTANT: Please examine the policies listed above and notify us immediately if any changes are necessary. ANY POLICY NOT WANTED MUST BE RETURNED PROMPTLY FOR CANCELLATION; otherwise an earned premium will be charged by the Company for the time it was in force. PREMIUMS ARE DUE ON EFFECTIVE DATE.

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

032488581

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GIORGIO PETRUZZIELLO

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

Address of taxpayer/applicant's home in Somerville: _____

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

10-31, 2011. _____
(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: _____
10653 # 248064001 # 960 # _____

NOTES:

CLERK'S INITIALS: UR ORIGINAL STAMP:

RECEIVED
UR
10-31-11

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: MYSTIC AUTO SALES + SERVICE
 Address: 712 MYSTIC AVENUE
 City: SOMERVILLE State: MA Zip: 02145 Phone #: 617-666-2830

- I am an employer with 2 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: A.I.M. MUTUAL INS CO
 Address: 56 THIRD AVE
 City: BURLINGTON State: MA Zip: 01803 Phone #: 481-251-6000
 Policy #: AWC70131530-011 Expiration Date: 6-27-12

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: [Signature] Date: 11-1-11
 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