

2 AUTOS IN, 8 AUTOS OUT

SECOND HAND MOTOR VEHICLE DEALER LICENSE APPLICATION

Application Fee \$550.00

Date 11-3-11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

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: BEHNY'S AUTO SALES INC. Phone: 617 776 6900

Business Location (with Zip Code): 508 SOMERVILLE AVE SOMERVILLE MA 02143

Applicant's Legal Name: BENJAMIN ROSSETTI

Applicant's Address (with Zip Code): 55A DUTTON ST MALDEN 02148

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 260 814356

Mailing Name (where we should send correspondence to): BENJAMIN ROSSETTI

Mailing Address (with Zip Code): 55A DUTTON ST MALDEN-MA 02148

Emergency Contact: LUCIANO ROSSETTI Phone: 617 776 6900

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

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

Partner's/Member's/President's Name: LUCIANO ROSSETTI

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: LUCIANO ROSSETTI

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: LUCIANO ROSSETTI

Address with Zip Code: _____

CITY CLERK'S OFFICE
MAR 28 PD 2:52

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: INTERNATIONAL 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 _____

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: _____

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: _____ Date 11-3-11

Business Name: BENNY'S AUTO SALES

Business Address: 508 SOMERVILLE AVE SOMERVILLE MA 02143

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: _____

BOND DEPARTMENT

AGENCY: 20-0786 T Edmund Garrity & Co Inc

CONTINUATION CERTIFICATE	BOND	S-288863
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Principal:

Benny's Auto Sales Inc
508 Somerville Ave
Somerville, MA 02143

Obligee:

City of Somerville
City Hall
93 Highland Ave
Somerville MA 02143

~~Bond Term in Months: 12~~ ~~Effective Date: 11/30/2011~~ ~~Expiration Date: 11/30/2012~~

Penalty Amount: \$25,000 **Type of Bond:** License

Classification: Used Motor Vehicle Dealer MA

Remarks:

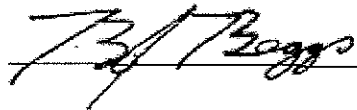
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

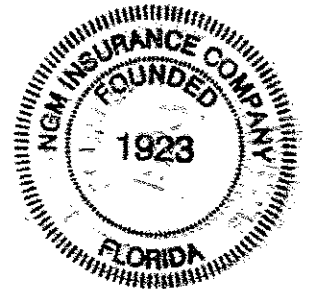
In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

NGM INSURANCE COMPANY

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Direct Bill

**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)

**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: BENJAMIN ROSSETTI

Address of taxpayer/applicant's business in Somerville: 508 SOMERVILLE AVE SOM.

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

Taxpayer/applicant's phone: day: 617 776 6900 evening: 781 435 1259

I, (print name), 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 3 day of NOVEMBER, 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: _____

13656 # 242078001 # 1154 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



3-28-12

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: BENJAMIN ROSSETTI
Address: 508 SOMERVILLE AVE
City: SOMERVILLE State: MASS Zip: 02143 Phone #: 617 776 6900

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: THE MAIN STREET AMERICA GROUP
Address: UGOI TOUCHTON RD EAST SUITE 3400 JACKSONVILLE FL
City: JACKSONVILLE State: FL Zip: 32246 Phone #: 1800 207 0446
Policy #: EAEP 1424V Expiration Date: 5/7/2012

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: _____

Print Name: _____

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