

**CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
RENEWAL APPLICATION FOR GARAGE LICENSE**

GIORGIO PETRUZZIELLO  
712 MYSTIC AVENUE  
SOMERVILLE MA 02145

LIC #: 2010-211  
B.O.A.# #163212

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles:     

Washing Vehicles:      Spray Painting:      Operating a Tow Vehicle:     

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$500.00 not  
later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: AUTO EXPRESS TEL: 617-666-2830  
Company Address: 00712 MYSTIC AVENUE

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: X Co:      Corp:      Trust:      Agency      Gov't Partner  
Ship Other       
Owner Name: GIORGIO PETRUZZIELLO TEL: 1-978-276-0299  
Owner Address: 712 MYSTIC AVENUE

Owner City: SOMERVILLE State: MA Zip: 02145  
FID#: 032488581

This renewal is being sent to you as a courtesy, please file on time. If this  
renewal is not returned to City Clerk's office by 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-06:00 PM  
SATURDAY: 09:00 AM-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-211  
FEE: \$500.00

This is to certify: GIORGIO PETRUZZIELLO  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 03/12/1998

Garage situated at: 00712 MYSTIC AVENUE  
Doing business as : AUTO EXPRESS

Shall not exceed: 3 Vehicles Inside & 7 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license.  
Check One: Owner X Occupant      Holder     

[Signature]  
Signature of Applicant

3 GILLIS DRIVE  
Address

NORTH READING MA.  
City State Zip

01864

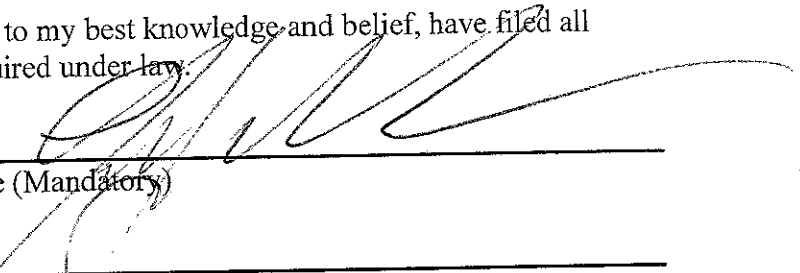
\*\* Office Use Only \*\*  
Mailed 5/12/12:01  
Taken [Signature]  
Received: \_\_\_\_\_  
City Clerk

CITY CLERK'S OFFICE  
2010 APR - 5 12 12:01

**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)

032-48-8581  
\_\_\_\_\_  
\*\* 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.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: GIORGIO PETRUZZIELLO - AUTO EXPRESS -  
 address: 712 MYSTIC AVENUE  
 city: SOMERVILLE state: MA zip: 02145 phone # 6176662830

work site location (full address):  
 I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with 2 employees (full & part time).  Other AUTO REPAIR  
 I am an employer providing workers' compensation for my employees working on this job.

company name: A.I.M. MUTUAL INS CO.  
 address: 54 THIRD AVE  
 city: BURLINGTON MA 01803 phone #:  
 insurance co. policy # AWC90131530

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:  
 address:  
 city: phone #:  
 insurance co. policy #  
 company name:  
 address:  
 city: phone #:  
 insurance co. policy #

Attach additional sheet if necessary.  
 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 4-5-10  
 Print name GIORGIO PETRUZZIELLO Phone # 6176662830

official use only do not write in this area to be completed by city or town official  
 city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  
 check if immediate response is required  
 contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
 Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_  
 (revised Sept. 2003)



City of Somerville, Massachusetts  
Finance Department, Treasury Division

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

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: AUTO EXPRESS
- 2. Address of taxpayer/applicant's business in Somerville: 712 MYSTIC AVENUE
- 3. Address of taxpayer/applicant's home in Somerville: NONE
- 4. Taxpayer/applicant's phone: day: 617 666 2830 evening: 617 312 3816

I, 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 5 day of APRIL, 2010.  
(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: \_\_\_\_\_  
 # 07279200      # 24800400 / # 04570003      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: A

ORIGINAL STAMP: **Received**  
4-5-10