



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

CK-36853

\$ 550

2013 APR -8 P 12:02

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW GARAGE LICENSE**

KRISCO CORP.
444 SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: 755

City #G91

Fee: 550.00

Account ID: 638

Reference #: 755

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 MAACO AUTO PAINTING Business Location: 444 SOMERVILLE AVE Business Phone: 617-666-4882	
License Holder: KRISCO CORP. 444 SOMERVILLE AVE SOMERVILLE, MA 02143 617-666-4882	
Mailing Address: KRISCO CORP. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - KRIS OGONOWSKY TREASURER - KRIS OGONOWSKY	
FID: 042971059	
Food Manager/Emergency Contact: KRIS OGONOWSKY 617-666-4886	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 7AM-7PM, SA 8AM-5PM**

OPEN TO THE PUBLIC

- | | |
|------------------|--------------------|
| 1 AUTO BODY WORK | 75 VEHICLES INSIDE |
| 1 SPRAY PAINTING | |
| 75 VEHICLES | |

Description of Location and/or Other Conditions:

Originally Issued 11/23/1983, No Parking Employee Or Customer Cars On Somerville Avenue. No Mechanical Repairs. No Washing Vehicles. No Operating Tow Vehicles.

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: *Kristina Ogonsky* Date 617 666-4886 4/1/13

Print Name: Kristina Ogonsky Phone 617-666-4886

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: KRISCO CORP DBA MAACO AUTO PAINTING
Address: 444 SOMERVILLE AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617666 4886

- ☒ I am an employer with 21 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 AUTO PAINT + REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: UTICA NATIONAL INSURANCE GROUP
Address: PO BOX 6532
City: UTICA State: NY Zip: 13504 Phone #: 1800 598 8422
Policy #: 4218125 Expiration Date: 06/2013

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: 4/1/13
Print Name: KRIS DEONOWSKY

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
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: KRISCO CORP DBA MAXO AUTO PAINTING

Address of taxpayer/applicant's business in Somerville: 444 SOMERVILLE AVE

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

Taxpayer/applicant's phone: day: 617 666 4886 evening: 617 666 4886

I, (print name) KRIS DEONOWSKY, 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 1st day of April, 2013.
(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: _____

13725 # 24207100 # 1139 # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP: _____

