



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

**APPLICATION TO RENEW GARAGE LICENSE**

**GASPER OSTUNI**  
9 TIMBERHILL LANE  
LYNNFIELD, MA 01940

License #: 637  
City #G206  
Fee: 550.00  
Account ID: 522  
Reference #: 637

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: <b>GASPER OSTUNI</b> Business Location: <b>195 HIGHLAND AVE</b> Business Phone: <b>781-272-2650</b>	
License Holder: <b>GASPER OSTUNI</b> <b>195 HIGHLAND AV</b> <b>SOMERVILLE, MA 02143</b> <b>781-272-2650</b>	
Mailing Address: <b>GASPER OSTUNI</b> <b>9 TIMBERHILL LANE</b> <b>LYNNFIELD, MA 01940</b>	
Business Type: <b>SOLE PROPRIETORSHIP</b> <b>OWNER - GASPAR OSTUNI</b>	
FID: <b>999999999</b>	
Food Manager/Emergency Contact: <b>DAVID OSTUNI</b> <b>781-424-2079</b>	

2014 MAR -7 A 8:59  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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**

**OPEN TO THE PUBLIC**

- 1 STORING VEHICLES
- 12 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 1/9/1933. No Mechanical Repairs. No Auto Body. No Spray Painting. 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: *Gasper Ostuni* Date: 3/3/14  
 Print Name: GASPAR OSTUNI Phone: 781-272-2650



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: GASPAR OSTUNI

Address of taxpayer/applicant's business in Somerville: 195 HIGHLAND AV

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 781-272-2650 evening: 781-334-2269

I, (print name) GASPAR OSTUNI, 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 31 day of MAR, 2014.  
[Signature]  
(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: \_\_\_\_\_

# 7214      # 230013001      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**  
3/7/14

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:

① Name: CASPAR OSTUNI  
Address: 9 TIMBERHILL LANE  
City: LYNNFIELD State: MA Zip: 01940 Phone #: 781-272-2650

- ②
- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input checked="" 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: \_\_\_\_\_  
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 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.

③ Signature: [Handwritten Signature] Date: 3/10/14  
Print Name: CASPAR OSTUNI

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 #: \_\_\_\_\_

<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
<input type="checkbox"/> Other _____