_100 SPACES_

# APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee $20.00 per space

Date_____

__ New Application

__ Renewing Application with Additions or Changes

✓ Renewing Application with NO Additions or Changes

Applicant's Legal Name: _Pat's Auto Body Inc_ Phone: _617-628-7500_

Applicant's Address (with Zip Code): _24-30 Joy St, Somerville MA 02143_

Applicant's Email Address:_____

Applicant's Federal Employer Identification Number: _04-2762439_

Business DBA Name (if applicable): _N/A_

Business Location (with Zip Code): _24-30 Joy St, Somerville MA 02143_

Mailing Name (where we should send correspondence to):_____

Mailing Address (with Zip Code): _P.O. Box 167, Somerville, MA 02143_

Emergency Contact: _David Tauro_ Phone: _617-293-2010_

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

X 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: _David Tauro_

Address with Zip Code: _69 East St, Melrose MA 02176_

Partner's/Member's/Secretary's Name: _David Tauro_

Address with Zip Code: _69 East St, Melrose, MA 02176_

Partner's/Member's/Treasurer's Name: _David Tauro_

Address with Zip Code: _69 East St, Melrose, MA 02176_

Square Footage of the Space to be Used for Parking:_____ Square Feet.

## 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 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: X_____ Date: 4/12

Print Name: David Lauro                              Phone: 617-293-2010

## FOR NEW OR EXPANDING APPLICANTS ONLY:

## 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

Maximum number of motor vehicles to be kept on the premises:_____

Signature:_____ Title_____ 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.

_Pats Auto Body Inc_
*Signature of Individual or Corporate Name (Mandatory)

_David Tauro_ X _[signature]_
By: Corporate Officer (Mandatory, if a corporation)

_04-2762439_
**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: _Pat's Auto Body, Inc_

Address of taxpayer/applicant's business in Somerville: _24-30 Joy St, Somerville_

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

Taxpayer/applicant's phone: day: _617-628-7500_ evening: _617-293-2010_

I, (print name) _David Taub_, 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** ___12th___ **day of** _April_ **, 20** _11_ **.** _(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: ____

# _09100064_          # _N/A_          # _____          # _____

NOTES:

CLERK'S INITIALS: _VB_          ORIGINAL STAMP: _received 4-14-11_

*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: Pats Auto Body Inc

Address: 24-30 Joy Street

City: Somerville    State: MA    Zip: 02143    Phone #: 617-628-7500

☒ I am an employer with 5 employees **Business Type:**
(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.

☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other  Service

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Chartis Insurance

Address: 5 Wood Hollow Road   PO Box 409

City: Parsippany    State: NJ    Zip: 07054    Phone #: 800 645-2259

Policy #: WC001-60-2151    Expiration Date: 9/9/2011

**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: X _____    Date: 4/6/11

Print Name: David Tauro

(revised Jan. 2008)