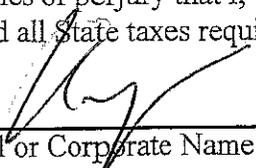


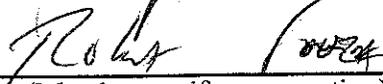


MASSACHUSETTS DEPARTMENT OF REVENUE

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)

04 304 5857  
\_\_\_\_\_  
\*\* 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**

- 1. Exact name of taxpayer/applicant's business: Robert Souza
- 2. Address of taxpayer/applicant's business in Somerville: 495 Columbia St
- 3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- 4. Taxpayer/applicant's phone: day: 617 627 9522 evening: \_\_\_\_\_

I, Robert Souza, 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 Oct, 20 10.  
[Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

- Real Estate # 124072011
- Water/Sewer # 20020050
- Personal Property # 30053415
- Other: \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

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



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: Simonville Auto Transport Service  
 address: 495 Columbia St  
 city: Simonville state: MA zip: 02143 phone #: 617-623-9522

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 \_\_\_\_\_ employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co.

policy #

- 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 year's 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

Phone #

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

- Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other

contact person:

phone #:

(revised Sept. 2003)