



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

2016 FEB 30 A 9:21

Application to Renew Outdoor Parking License

CITY CLERK'S OFFICE
 SOMERVILLE, MA

MARTHA LEE TRUST
170 HIGHLAND AVE
SOMERVILLE MA 02143

License #: BL15-000136
File #: 15-144
Fee: 375

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: MARTHA LEE TRUST Business Location: 147 HIGHLAND AVE Business Phone: 617-628-5552	
License Holder: MARTHA LEE TRUST 170 HIGHLAND AVE SOMERVILLE MA 02143	
Mailing Address: MARTHA LEE TRUST 170 HIGHLAND AVE SOMERVILLE MA 02143	
Business Type: Trust MARTHA DITUCCI ROBERT DITUCCI	
FID: 999999999	
Emergency Contact: ROBERT DITUCCI Phone: 617-628-5552	
# Vehicles to be Stored: 15	

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: *Robert Ditucci* Date: 2/29/16
 Printed Name: Robert Ditucci Phone: 617-628-5552



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City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

MARtha lee trust

Exact name of taxpayer/applicant's business: *MARtha Di Tucci / Robert Di Tucci*

Address of taxpayer/applicant's business in Somerville: *147 Highland Ave*

Address of taxpayer/applicant's home in Somerville: *170 Highland Ave*

Taxpayer/applicant's phone: day: *617-628-3352* evening: _____

I, (print name) *Robert Di Tucci*, 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 _____ day of

_____, 20____. *Robert Di Tucci*
(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: _____

7330 # *229010001* # _____ # _____

NOTES:

CLERK'S INITIALS: *UPB*

ORIGINAL STAMP:

received
Barrow
3-1-16

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

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CITY CLERK'S OFFICE
SOMERVILLE, MA

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: MARtha D. Tucci / Robert D. Tucci - MARtha Lee Trust
Address: 170 Highland Ave
City: Somerville State: MA Zip: 02143 Phone #: 617-628-5552

- I am an employer with _____ 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 proprietor/trust no employee's

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.

Signature: Robert D. Tucci Trustee Date: 2/29/16
Print Name: Robert D. Tucci Trustee

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 _____