



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

APPLICATION TO RENEW GARAGE LICENSE

CARLO BARLETTA
PO BOX 80525
STONEHAM, MA 02180

2014 MAR -3 P 12: 10
CITY CLERK'S OFFICE
License # **SOMERVILLE, MA 756**
CR # 28839 City # G94
Fee: 550.⁰⁰ 550.00
Account ID: 639
Reference #: 756

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: UNLIMITED AUTO BODY INC Business Location: 471 SOMERVILLE AVE Business Phone: 617-623-8650	
License Holder: UNLIMITED AUTO BODY, INC. 471 SOMERVILLE AVE SOMERVILLE, MA 02143 617-623-8650	
Mailing Address: CARLO BARLETTA PO BOX 80525 STONEHAM, MA 02180	
Business Type: CORPORATION (INC. LLC) PRESIDENT - CARLO BARLETTA SECRETARY - PIERO IANNETTA TREASURER - PIERO IANNETTA	
FID: 042757489	
Food Manager/Emergency Contact: CARLO BARLETTA 781-799-8604	

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 AUTO BODY WORK
- 1 SPRAY PAINTING
- 3 VEHICLES INSIDE
- 3 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 7/11/1974. 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: *Carlo Barletta* Date MARCH 3, 2014
Print Name: CARLO BARLETTA Phone 617-623-8650



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: UNLIMITED AUTO BODY, INC.

Address of taxpayer/applicant's business in Somerville: 471 SOMERVILLE AVE. SOMERVILLE, MA 02143

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

Taxpayer/applicant's phone: day: 617-623-8650 evening: 781-438-3651

I, (print name) CARLO BARLETTA, 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 3RD day of MARCH, 20 14. *Carlo Barletta*
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3/3/14 INCLUDES RELEVANT POSTINGS THROUGH: _____

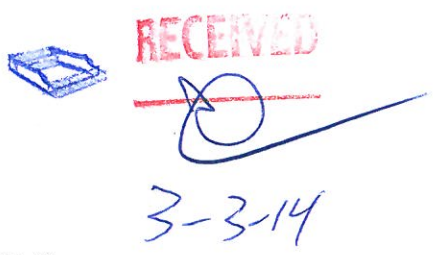
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

13873 # 248087001 # 1125 # _____

NOTES:

CLERK'S INITIALS: *YC*

ORIGINAL STAMP: 

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: CARLO BARLETTA
 Address: 15 NIXON LN.
 City: STONEHAM, State: MA Zip: 02180 Phone #: HOME: 781-438-3651
WORK: 617-623-8650

I am an employer with 2 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 BODY REPAIRS

Workers' compensation insurance information (if applicable): UNLIMITED AUTO BODY, INC.

Insurance Company Name: EXEMPT - SEE FORM ATTACHED
 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: *Carlo Barletta* Date: MARCH 3, 2014
 Print Name: CARLO BARLETTA (PRESIDENT)

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 _____

(revised Jan. 2008)

FORM 153

The Commonwealth of Massachusetts



Department of Industrial Accidents
Office of Investigations - Dept. 153
600 Washington Street - 7th Floor, Boston, Massachusetts 02111
http://www.dir.mass.gov/dfa

APPROVED
EXEMPTION
MAY 12 2010
DEPARTMENT OF INDUSTRIAL ACCIDENTS

AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS OR DIRECTORS

Chapter 169 of the Acts of 2002 amended M.G.L. c. 152, §1(4) by adding the following paragraph:

"This chapter shall be elective for an officer or director of a corporation who owns at least 25 percent of the issued and outstanding stock of the corporation. Notwithstanding section 46, these provisions shall apply only if the corporate officer provides the commissioner of industrial accidents with a written waiver of his rights under this chapter. Said commissioner shall promulgate regulations to carry out the purpose of this paragraph. Violations of this paragraph shall subject the corporation to the penalties set forth in section 25C."

Pursuant to M.G.L. c. 152, §1(4) as amended, I/We the undersigned officers of:

UNLIMITED AUTO BODY INC. 971 SOUVERVILLE AV. SOUVERVILLE MA 01988
(Name of Corporation and Address)

each holding at least 25% of the issued and outstanding stock in said corporation, do hereby invoke the right to be exempt from the provisions of M.G.L. c. 152, §25A and therefore are not required to carry a workers' compensation policy covering the undersigned corporate officer(s) or director(s). I/We the undersigned do also waive any and all rights to make claims for benefits as defined in M.G.L. c. 152 for any injuries that may be sustained while in the employ of the above-named corporation.

Further, I/we the undersigned do understand that, should the above-named corporation hire or have in its employ any employee(s) in addition to the undersigned corporate officer(s) or director(s), said corporation is required to obtain workers' compensation coverage for the employee(s) as prescribed by M.G.L. c. 152, §25A.

I/We the undersigned have read and understand the statements and obligations as delineated above and I/we have checked the appropriate box below my/our name(s) indicating my/our desire to be exempt or not to be exempt from the provisions of M.G.L. c. 152:

Signed under the pains and penalties of perjury.

Signature: Carlo Barletta, Print Name & Title: CARLO BARLETTA PRES., Date: 5-1-010

[X] I wish to exercise my right of exemption or [] I wish NOT to exercise my right of exemption
Signature: Piero Iannetta, Print Name & Title: PIERO IANNETTA, Date: 5-1-010

[X] I wish to exercise my right of exemption or [] I wish NOT to exercise my right of exemption
Signature: _____, Print Name & Title: _____, Date: (mm/dd/yyyy)

[] I wish to exercise my right of exemption or [] I wish NOT to exercise my right of exemption
Signature: _____, Print Name & Title: _____, Date: (mm/dd/yyyy)

[] I wish to exercise my right of exemption or [] I wish NOT to exercise my right of exemption
Signature: _____, Print Name & Title: _____, Date: (mm/dd/yyyy)

Note: ALL ELIGIBLE CORPORATE OFFICERS MUST SIGN. THERE CAN BE NO MORE THAN 4 SIGNATURES. Instructions on back. Form 153 - 10-24-02

RECEIVED
2010 MAY 11 P 15
I-A INVESTIGATION