

### CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

### APPLICATION TO RENEW GARAGE LICENSE

License #:

762

FRONGILLO, RALPH B. 52 FOUNTAIN STREET MEDFORD, MA 02155

Fee:

City #G163 550.00

Account ID:

645

Reference #:

762

Review and update the information below. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> 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: For FRONGILLO REALTY Business Location: SPRING HILL TERR Business Phone: 781-393-8453		
License Holder: FRONGILLO, RALPH B. 52 FOUNTAIN STREET MEDFORD, MA 02155 781-393-8453	TY CLET	
Mailing Address: <b>FRONGILLO, RALPH B.</b> MEDFORD, <b>MA 02155</b>	X'S OFF	
Business Type: SOLE PROPRIETORSHIP	3700	
FID: <b>020140791</b>		
Food Manager/Emergency Contact:		

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
- 19 VEHICLES
- 19 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 3/2/1992, Vehicle Storage Only. No Truck Rentals Over 3/4 Ton. Vehicles To Exit On Highland Ave. From Spring Hill Terr. Renters To Respect The Population Density Of Neighborhood. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

DMCN
RMEN.
for this business.
te <u>12-30-13</u>
one 781-393-8453
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# 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:	CONTINUE STREET SANDON WEIGHT BEFORE		
Name: RALAH FRONGILLO	Mark the control of t		
Address: 52 FOUNTAIN ST.			
City: MEDFORD State: MA	Zip: 02	Phone #:	781-393-845
☐ I am an employer with employees Business Ty (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.	Resta Office Nony Enter Mann Heal Othe	aurant/Bar/Eating	eal estate, auto, etc.)
Workers' compensation insurance information (if applicable):	11.01.02.01.00.02.00.02.02.02.00.00.00.00.00.00.00.	3. <del>(1. )</del>	
Insurance Company Name:			
Address:	***************************************		
City: State:	Zip:	Phone #:	
Policy #:		Expiratio	on Date:
Applicant certification:			The state of the s
Failure to secure coverage as required under Section 25A of MGL 15 to \$1,500.00 and/or one years' imprisonment as well as civil penal \$100.00 a day against me. I understand that a copy of this statement for coverage verification.	may be forward	ded to the Office of	of Investigations of the DIA
I do hereby certify under the pains and penalties of perjusy that the			
Signature: Kalph Tronpillo		Date:	12-30-13
Print Name: RALAH FRONGILLO			
	1978 SWIE SO TO SET SETS.		
Official use only. Do not write in this area. To	be completed by	city or town offici	ial.
City or Town: Permit/License #:			■ Board of Health ■ Building Department ■ City/Town Clerk ■ Licensing Board ■ Selectmen's Office
Contact Person: Phone #:	Marie Poly (190) 4 T HOUT A		Other

(revised Jan. 2008)



# City of Somerville, Massachusetts Finance Department, Treasury Division

## CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant'	's business:	FRONGILLO REA	4674			
Address of taxpayer/applicant's bu	usiness in Somer	ville: 22 SPRING H	ILL TERRACE			
Address of taxpayer/applicant's ho	ome in Somervill	le: 52 FOUNTAI	N ST. MEDFORD, MA	4 02151		
Taxpayer/applicant's phone: day:	781-393	-845 evening: SAME				
I, (print name) RALAH FRONCILLO, 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 30th day of DECEMBER , 2013. (Taxpayer's signature)						
CITY'S ACKNOWLEDGEMENT						
DATE OF ISSUANCE: 1 \$	M INCLUDE	ES RELEVANT POSTINGS THROUGH:	1714			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
Real Estate Wa	ater/Sewer	☐ Personal Property	☐ Other:			
# 14038 # 2	29095001	#	#			
NOTES: CLERK'S INITIALS:		ORIGINAL STAMP:				



