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

APPLICATION TO RENEW GARAGE LICENSE

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

License #: 762
City #G163
Fee: 550.00
Account ID: 645
Reference #: 762

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: 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**	
Mailing Address: **FRONGILLO, RALPH B.** **MEDFORD, MA 02155**	
Business Type: **SOLE PROPRIETORSHIP**	
FID: **020140791**	
Food Manager/Emergency Contact:	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 DEC -3 A 11:44

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.

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: Ralph Frongillo Date 12-30-13

Print Name: RALPH FRONGILLO Phone 781-393-8453

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: RALPH FRONGILLO

Address: 52 FOUNTAIN ST.

City: MEDFORD State: MA Zip: 02155 Phone #: 781-393-8453

- ☐ 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_____

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: Ralph Frongillo Date: 12-30-13

Print Name: RALPH FRONGILLO

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)

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: FRONGILLO REALTY

Address of taxpayer/applicant's business in Somerville: 22 SPRING HILL TERRACE

Address of taxpayer/applicant's home in Somerville: 52 FOUNTAIN ST. MEDFORD, MA 02155

Taxpayer/applicant's phone: day: 781-393-8453 evening: SAME

I, (print name) RALAH FRONGILLO, 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. Ralph Frongillo
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 1/8/14 **INCLUDES RELEVANT POSTINGS THROUGH:** 1/7/14

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☑ Real Estate ☑ Water/Sewer ☐ Personal Property ☐ Other: ___

14038 # 229095001 # _____ # _____

NOTES:

CLERK'S INITIALS: RL **ORIGINAL STAMP:**

RECEIVED

4109