

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

RALPH B. FRONGILLO  
52 FOUNTAIN STREET  
MEDFORD MA 02155

LIC #: 2012-163  
B.O.A.#

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☐ Auto Body Work: ☐ Parking or Storing Vehicles: ☒ X

Washing Vehicles: ☐ Spray Painting: ☐ Operating a Tow Vehicle: ☐

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$550.00 not later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: FRONGILLO REALTY TEL: 781-393-8453  
Company Address: 00000 SPRING HILL TER

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ☒ X Co: ☐ Corp: ☐ Trust: ☐ Agency ☐ Ship ☐ Gov't ☐ Partner ☐ Other ☐  
Owner Name: RALPH B. FRONGILLO TEL: 781-393-8453  
Owner Address: 52 FOUNTAIN STREET

Owner City: MEDFORD State: MA Zip: 02155  
FID#: 020140791

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-06:00 PM  
SATURDAY: 08:00 AM-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-163  
FEE: \$550.00

This is to certify: RALPH B. FRONGILLO  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 03/02/1992

Garage situated at: 00000 SPRING HILL TER  
Doing business as : FRONGILLO REALTY  
Shall not exceed: 19 Vehicles Inside  
in addition the following restrictions apply:

Restrictions-Vehicle Storage Only  
No Auto Repair & Auto Body Repair  
No Truck Rentals Over 3/4 Ton  
Vehicle Exit on Highland Ave. from Spring Hill Terr.  
Renters to respect the population density of neighborhood

2013 JAN -3 P 3:10  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.  
Check One: Owner ☒ Occupant ☐ Holder ☐

Ralph Frongillo  
Signature of Applicant

52 FOUNTAIN ST.  
Address

MEDFORD, MA 02155  
City State Zip

\*\* Office Use Only \*\*  
Mailed ☐  
Taken ☐

Received: 1-3-13 CR 1063

\$550

City Clerk

# IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	FRONGILLO REALTY
Somerville Address and Zip Code:	00000 SPRING HILL TER.
Phone Number of the Business:	781-393-8453

The Legal Name of the License Holder:	RALPH FRONGILLO
Street Address of the License Holder:	52 FOUNTAIN ST.
City, State and Zip Code of the License Holder:	MEDFORD, MA 02155
Phone Number of the License Holder:	781-393-8453
Email Address of the License Holder:	

Where We Should Send Mail: Name:	RALPH FRONGILLO
Street Address:	52 FOUNTAIN ST.
City, State and Zip Code:	MEDFORD, MA 02155
Email:	
Phone Number:	781-393-8453

Federal ID # (Do Not Give a Social Security #):	
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Emergency Contact and Phone (For Fire Dept. Use):	SAME AS ABOVE
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Type of Business (Check Only One and Give the Names Indicated):	
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner:	RALPH FRONGILLO
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:	
<input type="checkbox"/> Corporation (inc. LLC): Name of President:	
Name of Secretary:	
Name of Treasurer:	
Other (Attach a Description of the Form of Ownership and the Names of Owners)	

2013 JAN -3 P 3:10  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Ralph Frongillo Date: 11-20-12



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.

FRONGILLO REALTY

\* Signature of Individual or Corporate Name (Mandatory)

Ralph Frongillo

By: Corporate Officer (Mandatory, if a corporation)

\*\* 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**

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) RALPH 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 20th day of November, 2012. Ralph Frongillo  
(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: \_\_\_\_\_

# 06259180 # N/A # \_\_\_\_\_ # \_\_\_\_\_

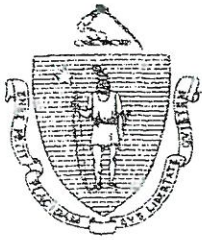
NOTES:

CLERK'S INITIALS: RF

ORIGINAL STAMP:

RECEIVED  
Banc  
1-3-13





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: RALPH FRONGILLO  
address: 52 FOUNTAIN ST.  
city: MEDFORD state: MA zip: 02155 phone # 781-393-8453

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 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 11-20-12  
Print name RALPH FRONGILLO Phone # 781-393-8453

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

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

- ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_