

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

JAMES E. LINARDY
52 TAYLOR STREET
MALDEN

MA 02148

LIC #: 2010-159
B.O.A.# 179944

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

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

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 \$500.00 not
later than April 30, 2010. 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: JIM'S HEAVY DUTY SERVICE TEL: 617-629-7700
Company Address: 00042 JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: Co: Corp: X Trust: Agency Ship Other

Owner Name: JAMES E. LINARDY

TEL: 781-322-5809

Owner Address: 52 TAYLOR STREET

Owner City: MALDEN State: MA Zip: 02148

FID#: 043332677

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-12:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-159

FEE: \$500.00

This is to certify: JAMES E. LINARDY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/14/1991

Garage situated at: 00042 JOY ST

Doing business as : JIM'S HEAVY DUTY SERVICE

Shall not exceed: 7 Vehicles Inside

in addition the following restrictions apply:

NO SPRAY PAINTING OR AUTO BODY WORK.

SATISFACTORY ISD INSPECTION IN 45 DAYS.

This renewal certificate must be signed by the holder of the license.

Check One: Owner Occupant Holder

[Signature]
Signature of Applicant

52 Taylor Street

Address

Malden

MA

02148

City

State

Zip

** Office Use Only **

Mailed

Taken ✓

Received: 500.00 5/5/10

City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA

200 MAY -5 P 12:51



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Jim's Heavy Duty Service Inc
2. Address of taxpayer/applicant's business in Somerville: 42 004 Street
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-629-7700 evening: 781-727-5858

I, James Linardi, 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 29 day of April, 2010.
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

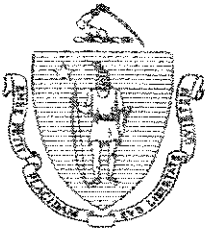
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
0910040 # 14500001 # 30054960 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
15-5-10



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Jim; Heavy Duty Service
address: 42 Jay Street
city: Dorchester state: MA zip: 02113 phone # 617.629.7700

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 3 employees (full & part time). ☐ Other _____
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: Liberty Mutual
address: _____
city: _____ phone #: _____
insurance co. Liberty Mutual policy # WCA-318-373593-019

- ☐ 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: James Linardi Date: 4.29.10
Print name: JAMES LINARDI Phone #: 617.629.7700

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 _____

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.

Jim's Heavy Duty Service

* Signature of Individual or Corporate Name (Mandatory)

James Christy

By: Corporate Officer (Mandatory, if a corporation)

043332677

** 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.