



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

**APPLICATION TO RENEW GARAGE LICENSE**

**DAVID GENNARO**  
91 WASHINGTON STREET  
SOMERVILLE, MA 02143

License #: 770  
City #G105  
Fee: 550.00  
Account ID: 653  
Reference #: 770

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: <b>M. KORSON &amp; CO., INC.</b> Business Location: <b>91 WASHINGTON ST</b> Business Phone: <b>617-625-6060</b>	
License Holder: <b>M. KORSON &amp; CO., INC.</b> <b>91 WASHINGTON ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-625-6060</b>	
Mailing Address: <b>DAVID GENNARO</b> <b>91 WASHINGTON STREET</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - DAVID GENNARO</b> <b>SECRETARY - THOMAS GENNARO</b> <b>TREASURER - THOMAS GENNARO</b>	
FID: <b>042576260</b>	
Food Manager/Emergency Contact: <b>DAVID GENNARO</b> <b>617-872-0782</b>	

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 MECHANICAL REPAIRS
- 1 VEHICLES INSIDE
- 3 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 11/8/1956, 4 18-Wheel Trucks (Oil Tankers). No Trucks On Washington Street. 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: David Gennaro Date: 3-19-14  
Print Name: DAVID GENNARO Phone: 617 625 6060



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: M. KORSON + CO  
Address of taxpayer/applicant's business in Somerville: 91 WASHINGTON ST  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617 625 6060 evening: 617 872 0782

I, (print name) DAVID GENARO, 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 19 day of MARCH, 20 14. David Genaro  
(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: \_\_\_\_\_

# 15695      # 109108001      # 1258      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: (Signature)

ORIGINAL STAMP: 

**RECEIVED**  
3/19/14

**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: M. KORSON  
 Address: 91 Washington  
 City: Somerville State: MA Zip: 02143 Phone #: 617 625 6060

- I am an employer with 10 employees (full and/or part time). **Business Type:**  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other TRUCKING

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: American Ins  
 Address: 500 Victory rd  
 City: Quincy State: MA Zip: 02171 Phone #: 617 471 1220  
 Policy #: 4594P49V-02- Expiration Date: 06-11-14

**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: David Gennaro Date: 3-29-14  
 Print Name: David Gennaro

*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 \_\_\_\_\_

