

CITY OF SOMERVILLE BOARD OF ALDERMEN

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

APPLICATION TO RENEW GARAGE LICENSE

License #:

770

Fee:

City #G105 550.00

Account ID:

653

Reference #:

770

91 WASHINGTON STREET SOMERVILLE, MA 02143

DAVID GENNARO

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: M. KORSON & CO., INC. Business Location: 91 WASHINGTON ST Business Phone: 617-625-6060	
License Holder: M. KORSON & CO., INC. 91 WASHINGTON ST SOMERVILLE, MA 02143 617-625-6060	
Mailing Address: DAVID GENNARO 91 WASHINGTON STREET SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DAVID GENNARO SECRETARY - THOMAS GENNARO TREASURER - THOMAS GENNARO	
FID: 042576260	
Food Manager/Emergency Contact: DAVID GENNARO 617-872-0	782

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 ALL I have filed all State tax returns and paid all State taxes required by land	DERMEN. aw for this business.
Signature: Ward & Senul	Date 3-19-14
Print Name: DAVIJ GENNARO	Phone / - / o / / c / c



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	plicant's business:	M. KORSON.	+ C C	
Exact name of taxpayer/applicant's business:				
Address of taxpayer/applic	ant's home in Somervi	lle:		
Taxpayer/applicant's phon	e: day:617625601	(6 evening: 617 8)	12 07 82	
Taxpayer/applicant's phone: day: 6/7625606 evening: 6/7872 07 \$ \frac{1}{2} \] I, (print name) DAVI DENARD, 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.				
		IES OF PERJURY, this		
MARCR	, 20_14	Cavely Ga (Taxpayer's signat	m	
		(Taxpayer's signat	ture)	
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: _	INCLUD	DES RELEVANT POSTINGS THROUG	H:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
Real Estate	Water/Sewer	Personal Property	Other:	
# 15695	# 109108001	# 1a58	#	
NOTES:				
CLERK'S INITIALS: _	P P	ORIGINAL STAMP:	> RECEIVED	

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	n:				
	Korson	,		******	
Address: 91	WAshing	ton			
City: Someti	ille	State: MA	Zip 02143	Phone #: 617 6	2560(0
Tam an employer w (full and/or part tim I am a sole propriet employees. We are a corporatio exemption per c152 We are a nonprofit volunteers and have	e). or or partnership and n that has exercised of s1(4), and have no e organization staffed b	have no our right of mployees.	Restaurant/B Office and/or Nonprofit Entertainmer Manufacturin		auto, etc.)
Workers' compensation	_				
Insurance Company Na		con INS			
Address: 566	Victory	r-E			
City: Quing	P494-02-	State: M 1	Zip:02171	Phone #: 617 4	17/1220
Policy #: 4594	P494-02-			Expiration Date: 6	26-11-14
Applicant certification	1:				
to \$1,500.00 and/or on	e years' imprisonmer ne. I understand that a	Section 25A of MGL 152 at as well as civil penalticopy of this statement m	es in the form of a S	TOP WORK ORD	ER and a fine of
I do hereby certify unde	er the pains and penal	ties of perjury that the in			
Signature: Van	dy Gen	<u></u>		Date: 3-78	74
Signature: Day Print Name: Day	vid Ger	ir pric			
	Official use only. Do i	not write in this area. To be	e completed by city or t	own official.	
		License #: Phone #:		☐ Buildin☐ City/To☐ Licensi☐ Selectm	of Health g Department wn Clerk ng Board nen's Office
V.			and the control of th		and the same of th

(revised Jan. 2008)

3/3/2014 7:43:20 AM PAGE 2/002 Fax Server Rightfax N2-2 DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 03/03/2014 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require and endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT PRODUCER NAME: AMITY INS AGCY INC. FAX PHONE (A/C, No, Ext): (A/C, No): 500 VICTORY ROAD E-MAIL OUINCY, MA 02171-3139 ADDRESS: 77XYG NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: ACE AMERICAN INSURANCE COMPANY INSURED M KORSON & COMPANY INC INSURER B: INSURER C: INSURER D: 91 WASHINGTON STREET INSURER E: SOMERVILLE, MA 02143 INSUBER F REVISION NUMBER: CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OF CONDITION OF ANY CONTRACT OR STHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY EFF DATE (MM,DD,YYYY) POLICY EXP DATE ADD SUE INSF LIMITS POLICY NUMBER LTR TYPE OF INSURANCE 8 (YYYY) QQ.MM) GENERAL LIABILITY EACH OCCURRENCE 19, COMMERCIAL GENERAL LIABILITY 8 DAMAGE TO RENTED CLAIMS MADE OCCUR. PREMISES (Ea occurrence) MED EXP (Any one person) S PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY PROJECT LOC PRODUCTS - COMP/OF AGG \$ AUTOMOBILE LIABILITY COMBINED SINGLE ANY AUTO IMIT (Ea accident) BODILY INJURY ALL CWNED AUTOS \$ (Per person) SCHEDULE AUTOS BODILY INJURY 4 HIRED AUTOS (Per accident) NON-CWINED AUTOS PROPERTY DAMAGE (Per accident) EACH OCCURRENCE OCCUR UMBRELLA LIAS AGGEEGATE 3 EXCESS LIAB **GLAIMS MADE** 3 DEDUCTIBLE 5 RETENTION S WC STATUTORY LIMITS OTHER WORKER'S COMPENSATION AND UB-4594P498-13 06/11/2013 06/11/2014 **EMPLOYER'S LIABILITY** YAN

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

N N/A

ANY PROPERITOR/PARTNER/EXECUTIVE

Waled PROFITAGE OF OPERATIONS below

OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)

THIS REPLACES ANY PRIOR CURTIFICATE ISSUED TO THE CERTIFICATE HOLDER AFFECTING WORKERS COMPICOVERAGE

CERTIFICATE HOLDER	CANCELLATION
CITY OF SOMERVILLE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVEDED IN ACCORDANCE WITH THE POLICY PROVISION
93 HIGHLAND AVE	
SOMERVILLE, MA 021+3	AUTHORIZED REPRESENTATIVE

E. L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE S

E.L. DISEASE - POLICY LIMIT

500,000

500,000

500,0C0