

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

JOSEPH DEPALO, JR.  
 9 GREENE STREET  
 SOMERVILLE MA 02143

LIC #: 2010-029  
 B.O.A.# 188129

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:  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: SOMERVILLE BODY WORKS, INC TEL: 617-764-0808  
 Company Address: 00042 DANA ST 666-6666

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:  Co:  Corp:  Trust:  Agency:  Ship:  Gov't:  Partner:  Other:   
 Owner Name: JOSEPH DEPALO, JR. TEL: 617-201-7542  
 Owner Address: 9 GREENE STREET

Owner City: SOMERVILLE State: MA Zip: 02143  
 FID#: 270219654

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-02:00 PM  
 SUNDAY: CLOSED

Very truly yours,

John J. Long  
 City Clerk

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

LICENSE #: 2010-029  
 FEE: \$500.00

This is to certify: JOSEPH DEPALO, JR.  
 has been licensed by the Mayor and the Aldermen of the City of Somerville.  
 Since 01/24/1929  
 Garage situated at: 00042 DANA ST  
 Doing business as : SOMERVILLE BODY WORKS, INC  
 Shall not exceed: 10 Vehicles Inside & 2 Vehicles Outside, not on public ways  
 in addition the following restrictions apply:

1. ALL VEHICLES SHALL BE SERVICED INSIDE THE BUILDING AND NOT ON ANY PUBLIC OR PRIVATE WAY.
2. ALL VEHICLES SHALL BE STORED WITHIN PROPERTY LINES.
3. TOWING SERVICE NOT ALLOWED. 4. 90 DAY TEMP. LICENSE HOWEVER, AFTER NORMAL BUSINESS, SERVICE SHALL NOT TAKE PLACE EMPLOYER/EMPLOYEE'S PRIVATE DWELLING.

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

Joseph Depalo  
 Signature of Applicant  
9 Greene St  
 Address  
Somerville MA 02143  
 City State Zip

\*\* Office Use Only \*\*

Mailed   
 Taken

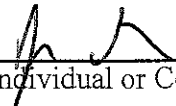
Received: 10-4-10 PD  
Cash 500-  
 City Clerk

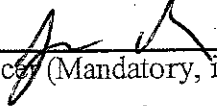
2010 NOV 22 11:19 AM  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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.

 Somerville Body Works  
\* Signature of Individual or Corporate Name (Mandatory)

  
By: Corporate Officer (Mandatory, if a corporation)

270219654  
\*\* 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.



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: Somerville Body works  
 address: 42 Dana St  
 city: Somerville state: MASS zip: 02147 phone #: 617 666 6666

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

company name: Somerville Body works  
 address: 42 Dana St  
 city: Somerville MASS phone #: 617 666 6666  
 insurance co: LIBERTY MUTUAL policy #: WC 1-315-37542-019

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: Liberty Mutual  
 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: Joseph DePaola Date: 10-4-10  
 Print name: JOSEPH DEPAOLA Phone #: 617 666-6666

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

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

(revised Sept. 2003)



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: HENRY COYRNOYER  
SOMERVILLE BODY WORKS INC
- Address of taxpayer/applicant's business in Somerville: 42 DANA ST.
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, \_\_\_\_\_, 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 \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer   | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>03154160</u>                               | <u>116058011</u><br># <u>116058001</u> | # <del>0220501800</del>                    | # _____                               |

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received  
UBarrow  
11-25-10