

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

BROADWAY BRAKE CORPORATION
P.O. BOX 45459
SOMERVILLE MA 02145

LIC #: 2010-015
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: ☐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: BROADWAY BRAKE CORPORATION TEL: 617-666-1100
Company Address: 00045 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: _____ Gov't _____ Partner _____
Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency ☐ Ship ☐ Other ☐

Owner Name: BROADWAY BRAKE CORPORATION TEL: 617-666-1100Owner Address: P.O. BOX 45459Owner City: SOMERVILLE State: MA Zip: 02145FID#: 042954750

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-08:00 PM

SATURDAY: 08:00 AM-03:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-015

FEE: \$500.00

This is to certify: BROADWAY BRAKE CORPORATION
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/18/1946

Garage situated at: 00045 BROADWAY

Doing business as : BROADWAY BRAKE CORPORATION

Shall not exceed: 3 Vehicles Inside & 27 Vehicles Outside, not on public ways
in addition the following restrictions apply:

3 INSIDE AND 27 OUTSIDE

APPROVED AS AMENDED: 3 AUTOS FOR USED CAR DEALERS LICENSE CLASS
01/25/2005 BOA 182630

GARAGE NOW HAS 27 ONLY

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

Check One: Owner _____ Occupant _____ Holder _____


Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: 4-22-10CR 520

City Clerk

\$500-

2010 APR 22 P 6:39
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.

Broadway Brake Corp.

* Signature of Individual or Corporate Name (Mandatory)



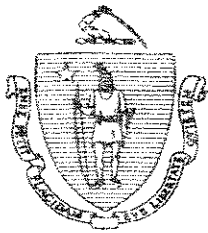
By: Corporate Officer (Mandatory, if a corporation)

04-2954750

** 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, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: _____

address: _____

city: _____

state: _____

zip: _____

phone # _____

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: Broadway Brake Corp.

address: 45 Broadway

city: Somerville, Mass. 02145

phone #: 617-666-1100

insurance co. Chartis

policy # WC 9870804

☐ 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 _____

Date _____

Print name _____

Philip D'Angelo

Phone # 617-666-1100

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 #: _____

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

(revised Sept. 2003)



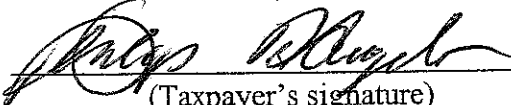
City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Broadway Brake Corp.
2. Address of taxpayer/applicant's business in Somerville: 45 Broadway
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-666-1100 evening: 617-924-5512

I, Philip D'Angelo, 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 22nd day of April, 2010. 
(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: _____

89000222 # 101004001 # 01630003 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:

received
4-22-10