

100 space

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space
Date 3-16-10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4-1-2010
Amount Paid \$2000-

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

CITY CLERK'S OFFICE
2010 APR - 1
5

Business Name: Pat's Auto Body Inc Phone: 617-628-7500

Business DBA Name (if applicable): _____

Address with Zip Code: 24-30 Joy St, Somerville MA 02143

Tax Identification Number: 04-2762439 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Pat's Auto Body Inc

Address with Zip Code: P.O. Box 167, Somerville MA 02143

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: David Tauro Phone: 617-293-2010

Emergency Contact 2: Walter Tauro Phone: 617-293-2017

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: David Tauro

Address with Zip Code: 69 East St, Melrose MA 02176

Partner's/Member's/Secretary's Name: David Tauro

Address with Zip Code: 69 East St, Melrose MA 02176


Partner's/Member's/Treasurer's Name: David Tauro

Address with Zip Code: 69 East St, Melrose, MA 02176

Square Footage of the Space to be Used for Parking: _____ Square Feet.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: X  Date: 3/29/00
Print Name: David Tauro Phone: 617 628 7500

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____

Signature: _____ Title _____ Date: _____

**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.

Pats Auto Body Inc.

*Signature of Individual or Corporate Name (Mandatory)

X 

By: Corporate Officer (Mandatory, if a corporation)

04-2762439

**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.



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: Pat's Auto Body Inc


Address of taxpayer/applicant's business in Somerville: 24-30 Joy St

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2010

I, (print name) David Tauro, 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____. X 
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

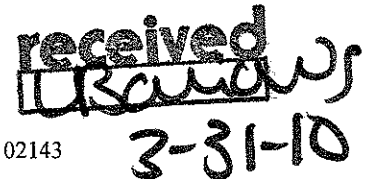
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

145056011 # 26663009 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: 

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Pat's Auto Body, INC
Address: 24-30 Joy Street
City: Somerville State: MA Zip: 02143 Phone #: 617 628-7500

- I am an employer with 17 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 Service

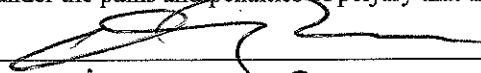
Workers' compensation insurance information (if applicable):

Insurance Company Name: Charters Insurance - Specialty Workers Comp Group
Address: P.O. Box 409
City: Parsippany State: NJ Zip: 07054 Phone #: 800 645 2259
Policy #: WC9752383 Expiration Date: 9/9/2010

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: X  Date: 3/2/10
Print Name: David Tauro

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 _____