



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

APPLICATION TO RENEW GARAGE LICENSE

**CATALDO AMBULANCE SERVICE INC
137 WASHINGTON ST
SOMERVILLE, MA 02143**

License #: **641**
City # **G107**
Fee: **550.00**
Account ID: **526**
Reference #: **641**

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: CATALDO AMBULANCE SERVICE Business Location: 4 JOY ST Business Phone: 617-625-0126	
License Holder: CATALDO AMBULANCE SERVICE INC 137 WASHINGTON ST SOMERVILLE, MA 02143 617-625-0126	
Mailing Address: CATALDO AMBULANCE SERVICE INC 137 WASHINGTON ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - DIANA CATALDO TREASURER - DIANA CATALDO PRESIDENT - ROBERT CATALDO	
FID: 042621862	
Food Manager/Emergency Contact: UNKNOWN	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **M-F 8A-8P SA 8A-2P**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 6 VEHICLES INSIDE
- 4 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/12/1957. 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:  Date 3/14/14
Print Name: ROBERT D. CATALDO Phone (617) 625-0126



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: CATALDO AMBULANCE SERVICE, INC.

Address of taxpayer/applicant's business in Somerville: 137 WASHINGTON STREET

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

Taxpayer/applicant's phone: day: (617) 625-0126 evening: _____

I, (print name) ROBERT D. CATALDO, 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 14th day of MARCH, 20 14. [Signature]
(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: _____

15704 # 145017011 # 1270 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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: CATALDO AMBULANCE SERVICE, INC.
Address: 137 WASHINGTON STREET, SO
City: SOMERVILLE State: MA. Zip: 02143 Phone #: (617) 625-0126

I am an employer with _____ employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.

Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other AMBULANCE SERVICE

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INSURANCE COMPANY
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: TCZUK101D589013 Expiration Date: 10/03/14

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: *Robert D. Cataldo* Date: 03/14/14
Print Name: ROBERT D. CATALDO

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 _____