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

**APPLICATION TO RENEW GARAGE LICENSE**

**D.M. AUTO BODY INC.**  
48 JOY ST  
SOMERVILLE, MA 02143

License #: 647

City #G45

Fee: 550.00

Account ID: 533

Reference #: 647

#6966

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: For <b>D.M. AUTO BODY, INC.</b> Business Location: <b>48 JOY ST</b> Business Phone: <b>617-623-1111</b>	
License Holder: <b>D.M. AUTO BODY INC.</b> <b>48 JOY ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-1111</b>	
Mailing Address: <b>D.M. AUTO BODY INC.</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - DONALD MAZZEO</b> <b>SECRETARY - LAWRENCE CARDONE</b>	
FID: <b>043003275</b>	
Food Manager/Emergency Contact: <b>LAWRENCE CARDONE</b> <b>617-823-5906</b>	

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

Hours: **M-F 8A-7P SA 8A-2P**

**OPEN TO THE PUBLIC**

1 AUTO BODY WORK  
1 SPRAY PAINTING  
15 VEHICLES

8 VEHICLES INSIDE  
7 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

**Originally Issued 12/9/1976. No Mechanical Repairs. 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: Lawrence Cardone

Date: 3/11/13

Print Name: Lawrence Cardone

Phone: 617-623-1111 / 617-823-5906

2013 MAR 12 PM 1:53  
CITY CLERK'S OFFICE  
SOMERVILLE MA

**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: D.M. Auto Body, Inc  
Address: 48 Soy-st  
City: Somerville State: ma Zip: 02143 Phone #: 617-623-1111  
☒ I am an employer with 8 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 Auto Repair

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Associated Employers Ins. Co  
Address: P.O. Box 4070 54 Third Ave  
City: Burlington State: Ma Zip: 01803 Phone #: 1800-876-2765  
Policy #: 5004476012011 Expiration Date: 7/1/2013

**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.

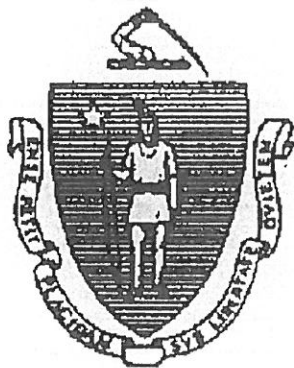
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

X Signature: Lawrence M Cardone Date: 3/11/13  
Print Name: Lawrence M Cardone

**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 \_\_\_\_\_

# NOTICE TO EMPLOYEES



# NOTICE TO EMPLOYEES

## The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111  
617-727-4900

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I(we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

ASSOCIATED EMPLOYERS INSURANCE COMPANY

NAME OF INSURANCE COMPANY

54 THIRD AVENUE, P.O. BOX 4070, BURLINGTON, MA 01803-0970

ADDRESS OF INSURANCE COMPANY

WCC 5004476012012

POLICY NUMBER

04/01/2012 - 04/01/2013

EFFECTIVE DATES

Boston Insurance Brokerage Inc

NAME OF INSURANCE AGENT

24 Federal Street 4th Floor  
Boston, MA 02110

ADDRESS

(617) 556-7000

PHONE

D M Auto Body Inc

EMPLOYER

48 Joy Street

ADDRESS

Somerville, MA 02145

02/22/2012

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

### MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NEAREST AND BEST MEDICAL FACILITY

NAME OF HOSPITAL

ADDRESS

## TO BE POSTED BY EMPLOYER



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: D.M. Auto Body, INC

Address of taxpayer/applicant's business in Somerville: 48 Joy St

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-623-1111 evening: 617-889-3547

I, (print name) Lawrence M Cardone, 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 11<sup>th</sup> day of March, 20 13. Lawrence M Cardone  
(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: \_\_\_\_\_

# 00870034 # 145024011 # 30000239 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**RECEIVED**  
UBarrows  
3-12-13