



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

APPLICATION TO RENEW OUTDOOR PARKING LICENSE

**PAT'S AUTO BODY INC
PO BOX 167
SOMERVILLE, MA 02143**

License #: **126**

Fee: **2,000.00**

Account ID: **136**

Reference #: **126**

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: PAT'S AUTO BODY INC Business Location: 24 JOY ST Business Phone: 617-628-7500	
License Holder: PAT'S AUTO BODY INC PO BOX 167 SOMERVILLE, MA 02143 617-628-7500	
Mailing Address: PAT'S AUTO BODY INC PO BOX 167 SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DAVID TAURO SECRETARY - DAVID TAURO TREASURER - DAVID TAURO	
FID: 042762439	
Food Manager/Emergency Contact: DAVID TAURO 617-293-2010	

2014 APR -9 A 11:23
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

100 SPACES

Description of Location and/or Other Conditions:

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: 4/9/14

Print Name: David Tauro Phone: 617-293-2010



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Pats Auto Body, Inc

Address of taxpayer/applicant's business in Somerville: 24-30 Wy Street

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 9th day of April, 2014. X [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: _____

731 # 145056011 # _____ # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP: 

RECEIVED
4-9-14 JK

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: Pats Auto Body, Inc
Address: 24 Jay Street
City: Somerville State: MA Zip: 02143 Phone #: 617 628 7500
☒ I am an employer with 13 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 Repair Shop

Workers' compensation insurance information (if applicable):

Insurance Company Name: AmTrust North America / Technology Insurance
Address: 2605 Enterprise Road East, Ste 210
City: Clearwater State: FL Zip: 33759 Phone #: 888-486-7466
Policy #: TWC3372275 Expiration Date: 9/9/14

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: [Signature] Date: 4/9/14
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 _____