

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MICHAEL A. PISARI, JR.
9 HAWKINS STREET
SOMERVILLE MA 02143

LIC #: 2012-039
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X 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 \$550.00 not later than April 30, 2012. 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: HAWKINS STREET AUTOMOTIVE CO., INC. TEL: 617-623-9552
Company Address: 00003 -00009 HAWKINS ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Ship Other
Owner Name: MICHAEL A. PISARI, JR. TEL: 1-978-658-6460
Owner Address: 9 HAWKINS STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 042455674

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

OUR CURRENT INFORMATION SHOWS
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-039
FEE: \$550.00

This is to certify: MICHAEL A. PISARI, JR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/09/1964
Garage situated at: 00003 -00009 HAWKINS ST
Doing business as : HAWKINS STREET AUTOMOTIVE CO., INC.
Shall not exceed: 4 Vehicles Inside & 8 Vehicles Outside, not on public ways
in addition the following restrictions apply:
3-9 REAR HAWKIN STREET. AMENDED 12/09/1965.

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant Holder

Signature of Applicant

Address

Somerville MA 02143
City State Zip

Received:

City Clerk

** Office Use Only **

Mailed

Taken

APR 28 9:10

City Clerk

IMPORTANT

#496
REF607

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: HAWKINS STEERD Automotive CO. INC

Somerville Address and Zip Code: 9 HAWKINS ST. 02143

Phone Number of the Business: 617 623 9552

The Legal Name of the License Holder: MICHAEL A. PISARI, JR

Street Address of the License Holder: 191 TRAFF ROAD

City, State and Zip Code of the License Holder: Wilmington, MA 01887

Phone Number of the License Holder: 976 658 6460

Email Address of the License Holder: _____

Where We Should Send Mail: Name: MICHAEL A. PISARI, JR.

Street Address: 9 HAWKINS STREET

City, State and Zip Code: SOMERVILLE, MA 02143

Email: _____

Phone Number: 617 623 9552

Federal ID # (Do Not Give a Social Security #): 04-2455674

Emergency Contact and Phone (For Fire Dept. Use): MICHAEL A. PISARI 978 604 2717

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: MICHAEL A. PISARI, JR.

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Michael Pisari Date 03/28/12

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.

HAWKINS STARRD AUTOMOTIVE CO, INC.

* Signature of Individual or Corporate Name (Mandatory)

Michael Starrd
By: Corporate Officer (Mandatory, if a corporation)

04-2455674
** 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: HAWKINS STREET AUTOMOTIVE CO. INC.

Address of taxpayer/applicant's business in Somerville: 9 HAWKINS STREET

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

Taxpayer/applicant's phone: day: 617 623 9552 evening: 976 658 6460

I, (print name) MICHAEL A. PISARI, JR., 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 28th day of

March, 2012. Michael Pisari, Jr.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

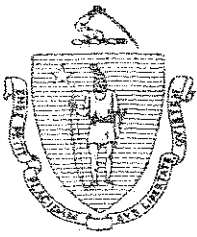
Real Estate Water/Sewer Personal Property Other: _____
6817 # 233023011 # 564 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
UBancroft
3-28-12



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: MICHAEL A. PISARI JR

address: 171 TAFT ROAD

city: WILMINGTON state: MASS zip: 01887 phone #: 978-658 6460

work site location (full address): 9 HAWKINS STREET Somerville MASS

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 1 employees (full & part time). Other Automobile Repair

I am an employer providing workers' compensation for my employees working on this job.

company name: HAWKINS STREET AUTOMOTIVE REPAIR CO, INC

address: 9 HAWKINS STREET

city: Somerville, MASS 02143 phone #: 1-617 623 9552

insurance co. Public Service Mutual Fire Co policy # WC006590

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: Michael A. Pisari Date: 04/27/12

Print name: MICHAEL A. PISARI, JR Phone #: 617 623 9552

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 #: _____

(revised Sept. 2003)

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