

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

JOHN TERNULLO
 30 CONSTANTINE DR.,
 TYNSBORO MA 01879

LIC #: 2011-241
 B.O.A.# 181057

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles:
 Washing Vehicles: Spray Painting: X 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 \$500.00 not
 later than April 30, 2011. 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: WALNUT HILL AUTO BODY, INC. TEL: 617-625-6700
 Company Address: 00235 LOWELL ST

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
 Ship Other
 Owner Name: JOHN TERNULLO TEL: 978-649-9929
 Owner Address: 30 CONSTANTINE DR.

Owner City: TYNSBORO State: MA Zip: 01879
 FID#: 042947951

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 04/30/2011, 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 #: 2011-241
 FEE: \$500.00

This is to certify: JOHN TERNULLO
 has been licensed by the Mayor and the Aldermen of the City of Somerville.
 Since 05/11/2006

Garage situated at: 00235 LOWELL ST

Doing business as : WALNUT HILL AUTO BODY, INC.

Shall not exceed: 8 Vehicles Inside & 2 Vehicles Outside, not public ways
 in addition the following restrictions apply:

OPEN AFTER 2:00PM IF NECESSARY BOA #181057 4/27/2006

2011 MAY -2 A 9:48
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner X Occupant Holder

John A. Ternullo
 Signature of Applicant

30 Constantine Dr.
 Address

Tynsboro Ma 01879
 City State Zip

** Office Use Only **
 Mailed
 Taken ✓
 Received: _____

 City Clerk

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.

WALNUT Hill Auto Body INC

* Signature of Individual or Corporate Name (Mandatory)

Jan A. Ferrullo

By: Corporate Officer (Mandatory, if a corporation)

04 2947 951

** 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: WALNUT HILL AUTOBODY INC

Address of taxpayer/applicant's business in Somerville: 235 LOWELL ST.

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

Taxpayer/applicant's phone: day: 617-625-6700 evening: 978-649-6838

I, (print name) JOHN A. TERNULO, 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 29th day of

April, 2011. John A. Terullo
(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: _____

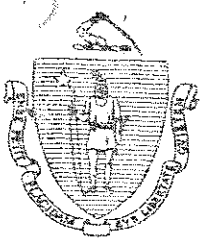
20114190 # 22805109 # 02820021

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
15-2-11



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: WALNUT HILL AUTO BODY INC
 address: 235 LOWELL ST.
 city: SOMERVILLE state: MA zip: 02144 phone # 617-625-6700

work site location (full address):

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 _____ employees (full & part time). Other AUTO BODY MECH. REPAIR
 I am an employer providing workers' compensation for my employees working on this job.

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

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 John A. Ternullo Date 4/29/2011
 Print name JOHN A. TERNULO Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)