

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

T.C. AUTO EXCHANGE  
176 TREMONT ST  
SOMERVILLE MA 02143

LIC #: 2010-249  
B.O.A.# 182626

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles: X  
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 \$500.00 not  
later than April 30, 2010. 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: T.C. AUTO EXCHANGE TEL: 617-666-2228  
Company Address: 00176 -00178 TREMONT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co:      Corp:      Trust:      Agency      Gov't      Partner       
Ship      Other       
Owner Name: T.C. AUTO EXCHANGE TEL: 781-605-3022  
Owner Address: 176 TREMONT ST

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 043087857

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-05:00 PM  
SATURDAY: 10:00 AM-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

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

LICENSE #: 2010-249  
FEE: \$500.00

This is to certify: T.C. AUTO EXCHANGE  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 02/08/2007  
Garage situated at: 00176 -00178 TREMONT ST  
Doing business as : T.C. AUTO EXCHANGE  
Shall not exceed: 2 Vehicles Inside & 12 Vehicles Outside, not on public ways  
in addition the following restrictions apply:  
APPROVED AS AMENDED: HOURS OF OPERATION SEE BELOW  
NO SPRAY PAINTING OR AUTO BODY WORK OR VEHICLE WASHING.

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

Anthony Cardone  
Signature of Applicant

176 Tremont St  
Address

Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed       
Taken     

Received:                                 

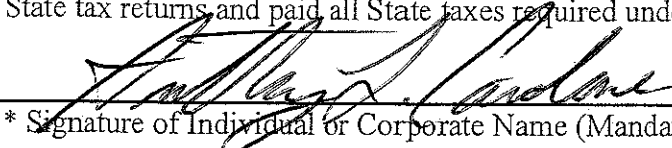
                                  
City Clerk

2010 JUL 26 A 11:25  
CITY CLERK'S OFFICE  
SOMERVILLE, MA


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.

  
\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

  
\*\* 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.

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Anthony L. Cardone

Address: 176 Tremont St.

City: Somerville State: MA Zip: 02143 Phone #: 617-666-2208

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> <input type="checkbox"/> Retail                  |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees.                               | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other _____                                   |

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

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: Anthony L. Cardone Date: 7-26-10

Print Name: Anthony L. Cardone

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: T.C. Auto Exchange
2. Address of taxpayer/applicant's business in Somerville: 176 Tremont St
3. Address of taxpayer/applicant's home in Somerville: 176 Tremont St.
4. Taxpayer/applicant's phone: day: 617-666-2228 evening: 617-335-0086

I, Anthony L. 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 26 day of July, 2010. Anthony L. 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: \_\_\_\_\_

# 01011015 # 124060001 # 3000424 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received  
UBarron  
7-26-10