

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

JOHN FRAGIONE (93 WALNUT ST.)  
19 ARROWWOOD STREET  
METHUEN MA 01844

LIC #: 2011-120  
B.O.A.#

\*\*\* 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:      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: A PLUS AUTOBODY, INC. TEL: 617-776-4500  
Company Address: 00295 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp: X Trust:      Agency      Ship      Other       
Gov't Partner

Owner Name: JOHN FRAGIONE (93 WALNUT ST.) TEL: 1-978-794-3789

Owner Address: 19 ARROWWOOD STREET

Owner City: METHUEN State: MA Zip: 01844

FID#: 043160822

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: 08:30 AM-05:00 PM

SATURDAY: 09:00 AM-05:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-120

FEE: \$500.00

This is to certify: JOHN FRAGIONE (93 WALNUT ST.)  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 06/22/1989

Garage situated at: 00295 MEDFORD ST

Doing business as : A PLUS AUTOBODY, INC.

Shall not exceed: 20 Vehicles Inside & 11 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

NO VEHICLES TO BE PARKED ON WALNUT ST.. NO BLOCKING OF SIDEWALK OR OTHER  
PUBLIC WAY WITH SNOW DURING REMOVAL PERIODS.

HOURS FOR CUSTOMER PICK UP ONLY MONDAY-SATURDAY 5:00PM-6:00PM

2011 APR 5 PM 1:54  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Check One: Owner ✓ Occupant      Holder     

John Fragon  
Signature of Applicant

Address

City State Zip

\*\* Office Use Only \*\*

Mailed     

Taken     

Received: 4-5-11 CK 4707

\$500-

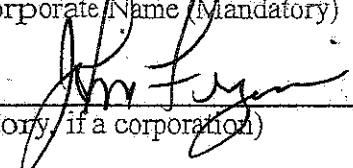
City Clerk

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.

A PLUS AUTO BODY Inc.   
\* Signature of Individual or Corporate Name (Mandatory)

☒ 1   
/ Corporate Officer (Mandatory, if a corporation)

04-316-0822  
\*\* 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**

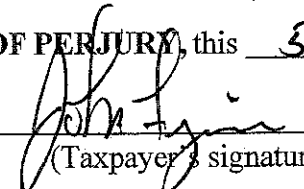
Exact name of taxpayer/applicant's business: APLUS AUTO BODY

Address of taxpayer/applicant's business in Somerville: 297 Medford Street

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-776-4500 evening: 617-784-4085

I, (print name) John Fragione, 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 5<sup>th</sup> day of April, 20 11.   
(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: \_\_\_\_\_

# 08302155 # 118014001 # 30051242 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received  
UB  
4-5-11



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: John Fragnione  
address: 19 Arrowwood Street  
city: Methuen state: MA zip: 01844 phone #: 617-784-4085  
work site location (full address): 295 Medford St. Somerville, MA 02143  
☐ 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 7 employees (full & part time). ☒ Other Auto Body Shop  
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: APLUS AUTO BODY Inc.  
address: 295 Medford Street  
city: Somerville phone #: 617-776-4500  
insurance co. Travelers Insurance policy #: 4209P91A

☐ 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: [Signature] Date: \_\_\_\_\_  
Print name: John Fragnione Phone #: 617-784-4085

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 \_\_\_\_\_