

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

CARLO BARLETTA
15 NIXON LANE
STONEHAM

MA 02180

LIC #: 2012-094
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:___ 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 \$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: UNLIMITED AUTO BODY, INC. TEL: 617-623-8650
Company Address: 00471 SOMERVILLE AVE.

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:___ Co:___ Corp: X Trust:___ Agency___ Ship___ Other___
Gov't Partner

Owner Name: CARLO BARLETTA TEL: 781-438-3651

Owner Address: 15 NIXON LANE

Owner City: STONEHAM State: MA Zip: 02180

FID#: 042757489

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 # 2012-094
FEE \$550.00

This is to certify: CARLO BARLETTA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/11/1974

Garage situated at: 00471 SOMERVILLE AVE.

Doing business as : UNLIMITED AUTO BODY, INC.

Shall not exceed: 3 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

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

Check One: Owner ___ Occupant ___ Holder ___

Carlo Barletta
Signature of Applicant

15 NIXON LN.

Address

STONEHAM, MA. 02180

City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: _____

City Clerk

IMPORTANT

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: UNLIMITED AUTO BODY, INC.
Somerville Address and Zip Code: 471 SOMERVILLE AVE. SOMERVILLE, MA. 02143
Phone Number of the Business: 617-623-8650

The Legal Name of the License Holder: CARLO BARLETTA
Street Address of the License Holder: 15 NIXON LN.
City, State and Zip Code of the License Holder: STONEHAM, MA. 02180
Phone Number of the License Holder: 617-623-8650
Email Address of the License Holder: UNLIMITED AUTO BODY @ GMAIL. COM

Where We Should Send Mail: Name: CARLO BARLETTA
Street Address: 15 NIXON LN.
City, State and Zip Code: STONEHAM, MA. 02180
Email: UNLIMITED AUTO BODY @ GMAIL. COM
Phone Number: 617-623-8650

Federal ID # (Do Not Give a Social Security #): 04-2757489

Emergency Contact and Phone (For Fire Dept. Use): CARLO BARLETTA CELL# 781-799-8604
MARIA BARLETTA CELL# 781-799-8680

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: CARLO BARLETTA

Name of Secretary: PIERO IANNETTA

Name of Treasurer: PIERO IANNETTA

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: [Signature]

Date April 9, 2012

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.

UNLIMITED AUTO BODY, INC.

* Signature of Individual or Corporate Name (Mandatory)

CARLO BARLETTA

By: Corporate Officer (Mandatory, if a corporation)

04-2757489

** 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: UNLIMITED AUTO BODY, INC.

Address of taxpayer/applicant's business in Somerville: 471 SOMERVILLE AVE. SOMERVILLE, MA
02143

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

Taxpayer/applicant's phone: day: 617-623-8650 evening: 781-438-3651

I, (print name) CARLO BARLETTA, 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, 2012. [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: _____

02035167 # 248087001 # 103320 # _____
13648 1150

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UBanner
4-9-12



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: CARLO BARLETTA

address: 15 NIXON LN.

city: STONEHAM state: MA zip: 02180 phone # HOME 781-438-3651 WORK 617-623-8650

work site location (full address): 471 SOMERVILLE AVE. 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 2 employees (full & part time). ☒ Other AUTO BODY REPAIRS

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

company name: UNLIMITED AUTO BODY, INC.

address: EXEMPT - SEE FORM ATTACHED

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 year's 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: APRIL 9, 2012

Print name: CARLO BARLETTA Phone #: 617-623-8650

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 #:

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

(revised Sept. 2003)

FORM 153



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations - Dept. 153

600 Washington Street - 7th Floor, Boston, Massachusetts 02111

http://www.mass.gov/dia

APPROVED

DIA Use Only

MAY 12 2010

INVESTIGATION

DEPT. OF INDUSTRIAL ACCIDENTS

AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS OR DIRECTORS

Chapter 169 of the Acts of 2002 amended M.G.L. c. 152, §1(4) by adding the following paragraph:

"This chapter shall be elective for an officer or director of a corporation who owns at least 25 percent of the issued and outstanding stock of the corporation. Notwithstanding section 46, these provisions shall apply only if the corporate officer provides the commissioner of industrial accidents with a written waiver of his rights under this chapter. Said commissioner shall promulgate regulations to carry out the purpose of this paragraph. Violations of this paragraph shall subject the corporation to the penalties set forth in section 25C."

Pursuant to M.G.L. c. 152, §1(4) as amended, I/We the undersigned officers of:

UNLIMITED AUTO BODY INC. 971 SOMERVILLE AV. SOMERVILLE MA 02143

(Name of Corporation and Address)

each holding at least 25% of the issued and outstanding stock in said corporation, do hereby invoke the right to be exempt from the provisions of M.G.L. c. 152, §25A and therefore are not required to carry a workers' compensation policy covering the undersigned corporate officer(s) or director(s). I/We the undersigned do also waive any and all rights to make claims for benefits as defined in M.G.L. c. 152 for any injuries that may be sustained while in the employ of the above-named corporation.

Further, I/we the undersigned do understand that, should the above-named corporation hire or have in its employ any employee(s) in addition to the undersigned corporate officer(s) or director(s), said corporation is required to obtain workers' compensation coverage for the employee(s) as prescribed by M.G.L. c. 152, §25A.

I/We the undersigned have read and understand the statements and obligations as delineated above and I/we have checked the appropriate box below my/our name(s) indicating my/our desire to be exempt or not to be exempt from the provisions of M.G.L. c. 152:

Signed under the pains and penalties of perjury:

Carlo Barletta

Signature

CARLO BARLETTA PRES.

Print Name & Title

5-1-010

Date (mm/dd/yyyy)

☒ I wish to exercise my right of exemption or ☐ I wish NOT to exercise my right of exemption

Piero Tannetta

Signature

PIERO TANNETTA

Print Name & Title

5-1-010

Date (mm/dd/yyyy)

☒ I wish to exercise my right of exemption or ☐ I wish NOT to exercise my right of exemption

Signature

Print Name & Title

Date (mm/dd/yyyy)

☐ I wish to exercise my right of exemption or ☐ I wish NOT to exercise my right of exemption

Signature

Print Name & Title

Date (mm/dd/yyyy)

☐ I wish to exercise my right of exemption or ☐ I wish NOT to exercise my right of exemption

Note: ALL ELIGIBLE CORPORATE OFFICERS MUST SIGN. THERE CAN BE NO MORE THAN 4 SIGNATURES. Instructions on back.

Form 153 - 10-24-02

5-1-010

Date (mm/dd/yyyy)

2010 MAY 11 PM 1:16

INVESTIGATION

DEPT. OF INDUSTRIAL ACCIDENTS

RECEIVED