

IMPORTANT

593

REF 853

\$ 12.60

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 you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Outdoor Parking
License Number: #191324
Business Name: Pat's Auto Body Inc.
Location: 161 Linwood St
Spaces: 63
Special Conditions (if any):

2012 APR -4 P 2:02
CITY CLERK'S OFFICE
SOMERVILLE, MA

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:
Somerville Address and Zip Code:
Phone Number of the Business:

The Legal Name of the License Holder:	Pat's Auto Body, INC
Street Address of the License Holder:	161 Linwood Street
City, State and Zip Code of the License Holder:	Somerville MA 02143
Phone Number of the License Holder:	617-628-7500
Email Address of the License Holder:	pat@ pat's_ab@verizon.net

Where We Should Send Mail: Name:	Pat's Auto Body INC
Street Address:	PO BOX 167
City, State and Zip Code:	Somerville MA 02143
Email:	pat's_ab@verizon.net
Phone Number:	617-628-7500

Federal ID # (Do Not Give a Social Security #):	04-2762439
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Emergency Contact and Phone (For Fire Dept. Use):	Dandtauro 617-293-2010
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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: David Tauro

Name of Secretary: David Tauro

Name of Treasurer: David Tauro

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: _____

Date _____

4/3/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Pat's Auto Body Inc

Address of taxpayer/applicant's business in Somerville: 161 Linwood Street

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

Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2070

I, (print name) David Tauro, 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 3rd 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: _____

2066009 # 14507400 # 766 # _____
8979 145056011

NOTES: _____
CLERK'S INITIALS: U

ORIGINAL STAMP:

RECEIVED
4-4-12

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Pat's Auto Body Inc
Address: 161 Linwood Street
City: Somerville State: MA Zip: 02143 Phone #: 617-628-7500

I am an employer with 15 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other auto repairs

Workers' compensation insurance information (if applicable):

Insurance Company Name: Technology Insurance Co.
Address: 5800 Lombardo Center
City: Cleveland State: OH Zip: 44131 Phone #: 877 528 7878
Policy #: TWC3292644 Expiration Date: 9/9/2012

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: [Signature] Date: 4/3/12
Print Name: David Tauro

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____