

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK

pad \$500

RENEWAL APPLICATION FOR GARAGE LICENSE

CHARLES J. DESALVO
101 CENTRAL AVENUE
LYNN MA 01901

LIC #: 2011-158
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: 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: CENTURY TIRE CO., INC. OF SOMERVILLE TEL: 617-547-7878
Company Address: 00263 -00269 BEACON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Gov't Partner
Individual: Co: Corp: X Trust: Agency Ship Other
Owner Name: CHARLES J. DESALVO TEL: 781-593-5493
Owner Address: 101 CENTRAL AVENUE

Owner City: LYNN State: MA Zip: 01901
FID#: 043045238

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: 07:00 AM-07:00 PM
SATURDAY: 07:00 AM-05:30 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2011-158
FEE: \$500.00

This is to certify: CHARLES J. DESALVO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/14/1991
Garage situated at: 00263 -00269 BEACON ST
Doing business as : CENTURY TIRE CO., INC. OF SOMERVILLE
Shall not exceed: 6 Vehicles Inside & 4 Vehicles Outside, not public ways
in addition the following restrictions apply:
NO VEHICLES ON PUBLIC WAY AT ANY TIME.

2011 APR 11 A 11:37
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Charles J. Desalvo
Signature of Applicant
263-269 Beacon St
Address
Somerville Ma 02143
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.

Century Tire Co - Inc of Somerville

* Signature of Individual or Corporate Name (Mandatory)

Chalo Galvo

By: Corporate Officer (Mandatory, if a corporation)

043-045-238

** 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: Century Three Co Inc of Somerville

Address of taxpayer/applicant's business in Somerville: 263-269 Beacon St

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

Taxpayer/applicant's phone: day: (781) 593-5493 evening: (781) 367-4374

I, (print name), 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 11 day of April, 2011. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

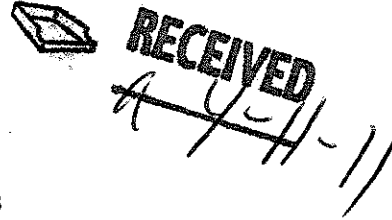
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
89000213 # 243019001 # 30050258 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:





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: CENTURY TIRE and Auto SERVICE (Charles DeSalvo)
 address: 263-269 BLACON ST
 city: SOMERVILLE state: MA zip: 02143 phone #: (617) 547-7878

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

company name: Same as above
 address: _____
 city: _____ phone #: _____

insurance co. MASS Retailers Merchants WC policy # 01400503159111
(Chubb)

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 Charles DeSalvo Date 4-11-11
 Print name Charles DeSalvo Phone # (781) 593-5493

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)