CITY OF SOMERVILLE

Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 FEB 26 A 11:43

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Garage License

GASPER OSTUNI
9 TIMBERHILL LANE
LYNNFIELD MA 01940

License #: BL15-000637
File #: 15-522
Fee: 605

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	**CHANGES:** (Note below or explain on a separate sheet)
Business/DBA Name: GASPER OSTUNI **Business Location:** 195 HIGHLAND AVE **Business Phone:** 781-272-2650	
License Holder: GASPER OSTUNI 9 TIMBERHILL LANE LYNNFIELD MA 01940	
Mailing Address: GASPER OSTUNI 9 TIMBERHILL LANE LYNNFIELD MA 01940	
Business Type: Sole Proprietor GASPAR OSTUNI	
FID: 999999999	
Emergency Contact: DAVID OSTUNI **Phone:** ~~781-334-2269~~	781 424 2079
Proposed Hours of Operation if outside standared hours: MO-FR 8AM-6PM, SA 8AM-2PM **# of Vehicles Kept Inside:** 12 **# of Vehicles Kept Outside:** 0 **Open to the public?** Yes **Mechanical repairs?** No **Autobody work?** No **Spray Painting?** No **Washing vehicles?** No **Charging money to store vehicles?** Yes **Storing unregistered vehicles?** No **Maintaining or operating a tow vehicle at this location?** No	

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 BOARD OF ALDERMEN.
-I have filed all State tax returns and paid all State taxes required by law for this business.

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: GASPAR OSTUNI

Address of taxpayer/applicant's business in Somerville: 195 HIGHLAND AV

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

Taxpayer/applicant's phone: day: 781-272 2650 evening: 781 334 2269

I, (print name) GASPAR OSTUNI, 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 25 day of FEBRUARY, 2016. _____
(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: ___

7357 # 230013001 # N/A

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:**

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: GASPAR OSTUNI

Address: 9 TIMBERHILL LANE

City: LYNNFIELD State: MA Zip: 01940 Phone #: 781-334-2269

- [ ] I am an employer with _____ employees (full and/or part time).
- [x] I am a sole proprietor or partnership and have no employees.
- [ ] We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- [ ] We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- [ ] Retail
- [ ] Restaurant/Bar/Eating Establishment
- [ ] Office and/or Sales (real estate, auto, etc.)
- [ ] Nonprofit
- [ ] Entertainment
- [ ] Manufacturing
- [ ] Health Care
- [ ] 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: _____ Date: 2/28/16

Print Name: GASPAR OSTUNI

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

City or Town: _____ ***Permit/License #:*** _____

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

Contact Person: _____ ***Phone #:*** _____

(revised Jan. 2008)