

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

LUCIANO ROSSETTI  
508 SOMERVILLE AVENUE  
SOMERVILLE MA 02143

LIC #: 2012-095  
B.O.A.# 165822

\*\*\* 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 \$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: INTERNATIONAL AUTO REPAIR, INC. TEL: 617-776-6900  
Company Address: 00508 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: LUCIANO ROSSETTI TEL: 781-279-2775

Owner Address: 508 SOMERVILLE AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 043244455

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 #: 2012-095

FEE: \$550.00

This is to certify: LUCIANO ROSSETTI  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 09/13/1979

Garage situated at: 00508 SOMERVILLE AV

Doing business as : INTERNATIONAL AUTO REPAIR, INC.

Shall not exceed: 2 Vehicles Inside & 8 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

NOT TO EXCEED 10 VEHICLES INSIDE AND OUTSIDE.

TRANSFERRED TO INTERNATIONAL AUTO REPAIR, INC. 11/8/99. AMENDED FROM

4 VEHICLES TO 10 VEHICLES. B.O. #167869, 09/29/00

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

Check One: Owner      Occupant      Holder     

Signature of Applicant

Address

City State Zip

CITY CLERK'S OFFICE

2012 MAY 21 P 3 24

Received:

Office Use Only \*\*

Mailed     

Taken     

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: International Auto Electric Inc.  
Somerville Address and Zip Code: 508 Somerville Ave. 02143  
Phone Number of the Business: (617) 776-6900

The Legal Name of the License Holder: Lou Rossetti  
Street Address of the License Holder: 508 Somerville Ave  
City, State and Zip Code of the License Holder: Somerville MA 02143  
Phone Number of the License Holder: 617-776-6900  
Email Address of the License Holder: NONE

Where We Should Send Mail: Name: Lou Rossetti  
Street Address: 508 Somerville Ave  
City, State and Zip Code: Somerville MA 02143  
Email: \_\_\_\_\_  
Phone Number: 617 776-6900

Federal ID # (Do Not Give a Social Security #): 04-3244455

Emergency Contact and Phone (For Fire Dept. Use): Schirra Rossetti 781560176

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: Lou Rossetti

Name of Secretary: Lou Rossetti

Name of Treasurer: Lou Rossetti

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: 5/21/12

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.

INTERNATIONAL AUTO REPAIR

\* Signature of Individual or Corporate Name (Mandatory)

Lucrecio Rossetti

By: Corporate Officer (Mandatory, if a corporation)

043 244 455

\*\* 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: INTERNATIONAL AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 508 SOMERVILLE AVE

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

Taxpayer/applicant's phone: day: 617 776 6900 evening: \_\_\_\_\_

I, (print name) LUCIANO ROSSETTI, 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 \_\_\_\_\_ day of

MARCH, 2012. Luciano Rossetti  
(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: \_\_\_\_\_

# 13656 # 242078001 # 1154 # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** LB

**ORIGINAL STAMP:**



**RECEIVED**  
LB  
5-21-12



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: INTERNATIONAL AUTO REPAIR

address: 508 SOMERVILLE AVE

city: SOMERVILLE state: MASS zip: 02143 phone # 617 776 6900

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: INTERNATIONAL AUTO REPAIR

address: 508 SOMERVILLE AVE

city: SOMERVILLE MA 02143 phone #: 617 776 6900

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 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 Luciano Rossetti Date 3/28/12

Print name LUCIANO ROSSETTI Phone # 617 776 6900

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_ ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_ ☐ Selectmen's Office

(revised Sept. 2003)

☐ Health Department  
☐ Other \_\_\_\_\_