

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

STANLEY DAVITORIA
195 MOUNTAIN AVENUE
MALDEN MA 02148

LIC #: 2011-086
B.O.A.# 175316

*** 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 \$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: SOMERVILLE AUTO CENTER, INC. TEL: 617-625-7400
Company Address: 00193 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: STANLEY DAVITORIA TEL: 781-321-9557

Owner Address: 195 MOUNTAIN AVENUE

Owner City: MALDEN State: MA Zip: 02148
FID#: 043583509

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: 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 #: 2011-086
FEES: 500.00

This is to certify: STANLEY DAVITORIA
has been licensed by the Mayor and the Aldermen of the City Somerville.
Since 04/09/1925

Garage situated at: 00193 SOMERVILLE AV
Doing business as : SOMERVILLE AUTO CENTER, INC.
Shall not exceed: 16 Vehicles Inside
in addition the following restrictions apply:

CONDITIONS: ALL VEHICLES SHALL BE SERVICED INSIDE THE BUILDING ALL
VEHICLES STORED WITHIN PROPERTY LINE. NO PARKING ON SOMERVILLE AVENUE.
NO BLOCKING OF THE SIDEWALK OR ANY PUBLIC WAY INCLUDING DURING SNOW
REMOVAL.

This renewal certificate must be signed by the holder of the license.
Check One: Owner [checked] Occupant ___ Holder ___

Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed ___
Taken [checked]

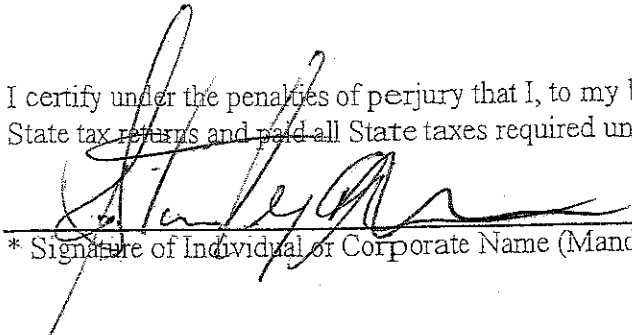
Received: 5/31/11 - MS
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAY 31 A 10:52

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.



SOMERVILLE AUTO CENTER INC

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

043 58 3509

** 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: SOMERVILLE AUTO CENTER

Address of taxpayer/applicant's business in Somerville: 193 SOMERVILLE AVE

Address of taxpayer/applicant's home in Somerville: 193 SOMERVILLE AV

Taxpayer/applicant's phone: day: 617-839-2542 evening: 617-839-2542

I, (print name) STANLEY DAVITZBA, 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 02 day of MAY, 20 11. [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: _____

#20670118 #120025021 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
[Signature]
5-31-11



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

334625

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Somerville Auto Center Inc

address: 193 Somerville Ave

city: Somerville state: MA zip: 02143 phone # 617 625 7400

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: Somerville Auto Center Inc

address: 193 Somerville

city: Somerville, MA 02143 phone #: 617 625 7400

insurance co. Travelers Property policy # 7PJUB-A453P837-10

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: *Stanley Da Nitoria* Date: 5-27-11

Print name: STANLEY DA NITORIA Phone #: 617 625 7400

617 838 2542

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