



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

2012 NOV 21 P 12: 07

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

D.M. AUTO BODY INC.
48 JOY ST
SOMERVILLE, MA 02143

License #: **892**
Fee: **550.00**
Account ID: **533**
Reference #: **892**

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: For D.M. AUTO BODY, INC. Business Location: 48 JOY ST Business Phone: 617-623-1111	
License Holder: D.M. AUTO BODY INC. 48 JOY ST SOMERVILLE, MA 02143 617-623-1111	
Mailing Address: D.M. AUTO BODY INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DONALD MAZZEO SECRETARY - LAWRENCE CARDONE	
FID: 043003275	
Food Manager/Emergency Contact: LAWRENCE CARDONE 617-823-5906	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

13 VEHICLES

Description of Location and/or Other Conditions:

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.

Signature: *Lawrence Cardone* Date 11/23/12
Print Name: Lawrence Cardone Phone 617-623-1111 / 617-823-5906

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: D.M. Auto Body, Inc
Somerville Address and Zip Code: 48 Joy St
Phone Number of the Business: 617-623-1111

The Legal Name of the License Holder: D.M. Auto Body, Inc
Street Address of the License Holder: 48 Joy St
City, State and Zip Code of the License Holder: Somerville Ma 02143
Phone Number of the License Holder: 617-623-1111

Where We Should Send Mail: Name: D.M. Auto Body, Inc
Street Address: 48 Joy St
City, State and Zip Code: Somerville Ma 02143

Federal ID # (Do Not Give a Social Security #): 043003275

Emergency Contact and his/her Phone Number: Lawrence Cardone 617-823-5906

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
 Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
 Corporation: Name of Corporation: D.M. Auto Body, Inc
Name of President: Donald Mazzeo
Name of Secretary: Lawrence Cardone Name of Treasurer: Lawrence Cardone
 LLC: Name of LLC: _____
Names of All Managers: Larry Cardone
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: John Long Date 11/16/12

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number S-244422

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

D.M. Auto Body Inc.

located at

48 Joy Street
Somerville, MA 02143

in favor of City of Somerville, MA

for the term beginning December 31st, 2012 and ending on December 31st, 2015, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 25, 2012

NGM Insurance Company

By: 

Katie E. Ford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: D.M. Auto Body, Inc

Address of taxpayer/applicant's business in Somerville: 48 Joy St

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

Taxpayer/applicant's phone: day: 617-623-1111 evening: 617-889-3547

I, (print name) Lawrence M Cordone, 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 13th day of

November, 2012. Lawrence M Cordone (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: _____

00870034 # 145024011 # 30000239 # _____

NOTES: 8305 725

CLERK'S INITIALS: W

ORIGINAL STAMP: RECEIVED
11-21-12

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: D.M Auto Body Inc
Address: 48 Joy St
City: Somerville State: Ma Zip: 02143 Phone #: 617-623-1111

- I am an employer with 8 employees (full and/or part time).
 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 Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Associated Employers Insurance Co
Address: (P.O. BOX 4070) 54 Third Avenue
City: Burlington State: Ma Zip: 01803 Phone #: 1800-826-2765
Policy #: 5004476012011 Expiration Date: 11/13/12

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.

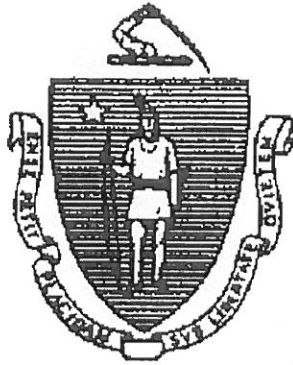
Signature: Lawrence M Cardone Date: 11/13/12
Print Name: Lawrence M Cardone

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 _____

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

**The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**600 Washington Street, Boston, Massachusetts 02111
617-727-4900**

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I(we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

ASSOCIATED EMPLOYERS INSURANCE COMPANY

NAME OF INSURANCE COMPANY

54 THIRD AVENUE, P.O. BOX 4070, BURLINGTON, MA 01803-0970

ADDRESS OF INSURANCE COMPANY

WCC 5004476012012

04/01/2012 - 04/01/2013

POLICY NUMBER

EFFECTIVE DATES

Boston Insurance Brokerage Inc

24 Federal Street 4th Floor
Boston, MA 02110

(617) 556-7000

NAME OF INSURANCE AGENT

ADDRESS

PHONE

D M Auto Body Inc

48 Joy Street

Somerville, MA 02145

EMPLOYER

ADDRESS

02/22/2012

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NEAREST AND BEST MEDICAL FACILITY

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER