



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

2016 MAR 17 P 3:59

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

BROADWAY BRAKE CORPORATION
PO BOX 45459
SOMERVILLE MA 02145

License #: BL15-000942
File #: 15-18
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: BROADWAY BRAKE CORP. Business Location: 45 BROADWAY Business Phone: 617-666-1100	
License Holder: BROADWAY BRAKE CORPORATION PO BOX 45459 SOMERVILLE MA 02145	
Mailing Address: BROADWAY BRAKE CORPORATION PO BOX 45459 SOMERVILLE MA 02145	
Business Type: Corporation PHILIP D'ANGELO PHILIP D'ANGELO CHARLOTTE D'ANGELO	
FID: 042954750	
Emergency Contact: PHILIP D'ANGELO Phone: 617-719-8581	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-8PM, SA 8AM-3PM # of Vehicles Kept Inside: 3 # of Vehicles Kept Outside: 24 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Broadway Brake Corp

Address of taxpayer/applicant's business in Somerville: 45 Broadway

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

Taxpayer/applicant's phone: day: 617-666-1100 evening: 617-719-8581

I, (print name) Philip D'Angelo, 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 15th day of March, 20 16. Philip D'Angelo
(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: _____

1977 # 101004001 # 132 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

Received
UB
3-17-16

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: Broadway Brake Corp

Address: 45 Broadway

City: Somerville

State: MA

Zip: 02145

Phone #: 617-666-1100

☒ I am an employer with 16 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers

Address: 2420 Lakemont Avenue STE 200

City: Orlando

State: FL

Zip: 32814

Phone #: 800-422-3340

Policy #: 6HUB-OGO2564-A-15

Expiration Date: 5-13-2016

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: _____

Print Name: Philip D'Angelo

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 _____