

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

CATALDO AMBULANCE SERVICE

LIC #: 2012-107

P.O. BOX 435, 137 WASHINGTON STREET

B.O.A.# 179760

SOMERVILLE MA 02143

*** 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: CATALDO AMBULANCE SERVICE TEL: 617-625-0126Company Address: 00004 JOY ST (MUNREG)City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: Co: Corp: X Trust: Agency: Ship: Other: Owner Name: CATALDO AMBULANCE SERVICETEL: 617-625-0126Owner Address: P.O. BOX 435, 137 WASHINGTON STREETOwner City: SOMERVILLE State: MA Zip: 02143FID#: 042621862

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-08:00 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 #: 2012-107

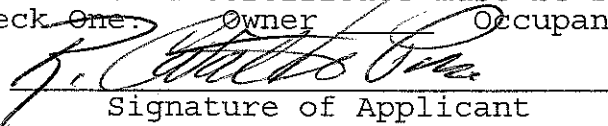
FEE: \$550.00

This is to certify: CATALDO AMBULANCE SERVICE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/12/1957

Garage situated at: 00004 JOY ST (MUNREG)Doing business as : CATALDO AMBULANCE SERVICE

Shall not exceed: 6 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

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

Check One: Owner Occupant Holder
Signature of Applicant

Address

City State Zip

** Office Use Only **

Mailed Taken Received: 5-3-12 550CK 0099801

City Clerk

1 check of garage & extended hours.

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:	_____
Somerville Address and Zip Code:	_____
Phone Number of the Business:	_____

The Legal Name of the License Holder:	CATALDO AMBULANCE SERVICE, INC.
Street Address of the License Holder:	137 WASHINGTON STREET
City, State and Zip Code of the License Holder:	SOMERVILLE, MA 02143
Phone Number of the License Holder:	617-625-0126
Email Address of the License Holder:	_____

Where We Should Send Mail: Name:	CATALDO AMBULANCE SERVICE, INC.
Street Address:	137 WASHINGTON STREET, PO BOX 435
City, State and Zip Code:	SOMERVILLE, MA 02143
Email:	_____
Phone Number:	617-625-0126

Federal ID # (Do Not Give a Social Security #):	04-2621862
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Emergency Contact and Phone (For Fire Dept. Use):	_____
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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%: _____	
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: ROBERT D. CATALDO	
Name of Secretary: DIANA M. CATALDO	
Name of Treasurer: DIANA M. CATALDO	
Other (Attach a Description of the Form of Ownership and the Names of Owners)	

2012 MAY -3 P 6:12
CITY CLERK'S OFFICE
SOMERVILLE MA

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: [Signature] Date: 4/3/12

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.

CATALDO AMBULANCE SERVICE, INC.

* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-2621862

** 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: CATALDO AMBULANCE SERVICE, INC.

Address of taxpayer/applicant's business in Somerville: 137 WASHINGTON STREET

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

Taxpayer/applicant's phone: day: 617-625-0126 evening: _____

I, (print name) ROBERT D. CATALDO, 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 28th day of

MARCH, 20 12. [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: _____

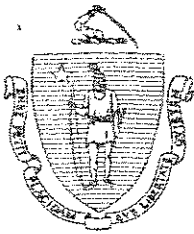
03113130 # 145017011 # 1318 # _____

NOTES: 15467

CLERK'S INITIALS: UB

ORIGINAL STAMP: _____

RECEIVED
UB
5-3-12



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: CATALDO AMBULANCE SERVICE, INC.

address: 137 WASHINGTON STREET

city: SOMERVILLE state: MA zip: 02143 phone # 617-625-0126

work site location (full address): 4 JOY STREET, SOMERVILLE, MA 02143

☐ 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 600 employees (full & part time). ☐ Other

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: CATALDO AMBULANCE SERVICE, INC.

address: 137 WASHINGTON STREET

city: SOMERVILLE, MA 02143 phone #: 617-625-0126

insurance co. CRUM & FORESTER/HUB INTERNATIONAL policy # WCA 0354329

☐ 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: Robert D. Cataldo Date: 4/8/12

Print name: ROBERT D. CATALDO, PRESIDENT Phone #: 617-625-0126

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

contact person: phone #: ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

(revised Sept. 2003)