



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

**APPLICATION TO RENEW GARAGE LICENSE**

**INTERNATIONAL AUTO ELECTRIC, INC.**  
508 SOMERVILLE AVE  
SOMERVILLE, MA 02143

License #: **758**  
City # **G95**  
Fee: **550.00**  
Account ID: **641**  
Reference #: **758**

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 <b>INTERNATIONAL AUTO REPAIR</b> Business Location: <b>508 SOMERVILLE AVE</b> Business Phone: <b>617-776-6900</b>	
License Holder: <b>INTERNATIONAL AUTO ELECTRIC, INC.</b> <b>508 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-6900</b>	
Mailing Address: <b>INTERNATIONAL AUTO ELECTRIC, INC.</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - LOU ROSSETTI</b> <b>SECRETARY - LOU ROSSETTI</b>	
FID: <b>043244455</b>	
Food Manager/Emergency Contact: <b>SABRINA ROSSETTI</b> <b>781-568-0176</b>	

2013 JUL 31 P 2:50  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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**

**OPEN TO THE PUBLIC**

- 1 MECHANICAL REPAIRS                      8 VEHICLES OUTSIDE  
10 VEHICLES  
2 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 9/13/1979. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_

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:  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:  Trust:  Agency  Ship  Gov't Partner  
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

\_\_\_\_\_  
\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: \_\_\_\_\_  
\_\_\_\_\_  
City Clerk



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**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, 20 13. 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: \_\_\_\_\_

# 053-A-5      # 242078001      # 113830      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

**RECEIVED**  
UBancas  
7-31-13

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: INTERNATIONAL AUTO REPAIR  
Address: 508 SOMERVILLE AVE  
City: SOMERVILLE State: MASS Zip: 02143 Phone #: 617 776 6900

- I am an employer with \_\_\_\_\_ 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: INTERNATIONAL AUTO REPAIR  
Address: 508 SOMERVILLE AVE  
City: SOMERVILLE State: MASS Zip: 02143 Phone #: 617 776 6900  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: Luciano Rossetti Date: \_\_\_\_\_  
Print Name: LUCIANO ROSSETTI

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 \_\_\_\_\_



Issuing Company: Utica National Assurance Company  
MEMBER OF UTICA NATIONAL INSURANCE GROUP

# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

**Information Page**

Policy Number: 4596730 New Business

Prior Policy Number:

**1. The Insured and Mailing Address:**

Luciano Rossetti DBA International Auto Repair  
508 SOMERVILLE AVE

Producer: T Edmund Garrity & Co Inc  
545 Concord Ave.-suite 16  
Cambridge, MA 02138

SOMERVILLE MA 02143

Producer Number: N4370

SIC#: 7538

Entity of Insured: Individual

Other workplaces not shown above:

Insured's I.D. Number: 043244455

NCCI Company Number: 36587

Risk I.D. Number:

2. The policy period is from 12/03/2012 to 12/03/2013 12:01 AM Standard Time at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Massachusetts

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ \$500,000	Each Accident
Bodily Injury by Disease	\$ \$500,000	Policy Limit
Bodily Injury by Disease	\$ \$500,000	Each Employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All States except those listed in Item 3.A., ND, OH, WA, WY

D. This policy includes these endorsements and schedules:

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

<input checked="" type="checkbox"/> See Extension of Information Page Classifications	Code No.	Premium Basis Total est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
<p>Minimum Premium: \$ 265 MA</p> <p>Employer's Liab Minimum Premium: \$</p> <p>If indicated below, interim adjustments of premium shall be made:</p>				<p>Expense Constant</p> <p>Total Estimated Annual Premium \$ 1,149</p> <p>Deposit Premium \$ 1,149</p>

100891997

Issuing Office:  
8-D-WC Ed. 08-2008

Date of Issue:  
Copyright 1988 National Council of Compensation Insurance

Countersigned by