

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

JOHN FRAGIONE (93 WALNUT ST.)  
19 ARROWWOOD STREET  
METHUEN MA 01844

LIC #: 2010-120  
B.O.A.#

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X 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 \$500.00 not  
later than April 30, 2010. 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: A PLUS AUTOBODY, INC. TEL: 617-776-4500  
Company Address: 00295 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual:      Co:      Corp: X Trust:      Agency      Ship      Other     

Owner Name: JOHN FRAGIONE (93 WALNUT ST.) TEL: 1-978-794-3789

Owner Address: 19 ARROWWOOD STREET

Owner City: METHUEN State: MA Zip: 01844

FID#: 043160822

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 08:30 AM-05:00 PM

SATURDAY: 09:00 AM-05:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-120

FEE: \$500.00

This is to certify: JOHN FRAGIONE (93 WALNUT ST.)  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 06/22/1989

Garage situated at: 00295 MEDFORD ST

Doing business as : A PLUS AUTOBODY, INC.

Shall not exceed: 20 Vehicles Inside & 11 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

NO VEHICLES TO BE PARKED ON WALNUT ST.. NO BLOCKING OF SIDEWALK OR OTHER  
PUBLIC WAY WITH SNOW DURING REMOVAL PERIODS.

HOURS FOR CUSTOMER PICK UP ONLY MONDAY-SATURDAY 5:00PM-6:00PM

This renewal certificate must be signed by the holder of the license.  
Check One: Owner X Occupant      Holder     

Signature of Applicant

297 Medford St

Address

Somerville Ma 02143

City State Zip

\*\* Office Use Only \*\*

Mailed     Taken     Received:     

City Clerk

2010 MAY -4 AM 11:31  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

\$500

**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.

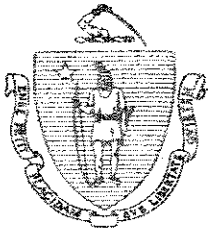
  
\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

04 316 0822  
\_\_\_\_\_  
\*\* 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.



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

Workers' Compensation Insurance Affidavit - General Businesses

**Applicant information:**

Please PRINT legibly

name: John Fragione / A+ Auto Body  
address: 297 Medford St  
city: Somerville state: Ma zip: 02143 phone # \_\_\_\_\_

work site location (full address): Same

☐ 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: A Plus Auto Body  
address: 297 Medford St  
city: Somerville Ma phone #: 617-776-4500  
insurance co. Travelers policy # 7PJUB-0356N30-7

☐ 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: John Fragione Date: 5.4.10

Print name: John Fragione Phone #: 617-776-4500

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other \_\_\_\_\_

(revised Sept. 2003)



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: A+ Auto Body
2. Address of taxpayer/applicant's business in Somerville: 297 Medford St
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-776-4500 evening: \_\_\_\_\_

I, [Signature], 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 \_\_\_\_\_, 20\_\_\_\_.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>08302155</u>	# <u>11801400</u> <u>11801300</u>	# <u>30051242</u>	# _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**received**  
4-5-4 10