



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

APPLICATION TO RENEW GARAGE LICENSE

PAONE, PAUL F.
58 ALLEN STREET
LEXINGTON, MA 02421

License #: 747
City #G82
Fee: 550.00
Account ID: 630
Reference #: 747

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 PAONE, PAUL F.	11 ROSSMORE STREET, LLC
Business Location: 11 ROSSMORE ST	
Business Phone: 781-861-8709	617-559-0944
License Holder: PAONE, PAUL F. 58 ALLEN STREET LEXINGTON, MA 02421 781-861-8709	11 ROSSMORE STREET, LLC c/o KITCHEN INC, LLC 201 SOMERVILLE AVE SOMERVILLE, MA 02143 617-559-0944
Mailing Address: PAONE, PAUL F. LEXINGTON, MA 02421	11 ROSSMORE STREET, LLC ATT: MIKE FULLER 201 SOMERVILLE AVE SOMERVILLE MA 02143
Business Type: SOLE PROPRIETORSHIP OWNER - PAUL PAONE	MASSACHUSETTS LLC MICHAEL FULLER, MANAGER
FID: 999999999	46-1917885
Food Manager/Emergency Contact: PAUL PAONE 781-861-8709	MIKE FULLER 617-519-5431

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

Hours: **MO-SA 8AM-6PM**

NOT OPEN TO THE PUBLIC

- | | |
|--------------------|--------------------|
| 1 STORING VEHICLES | 8 VEHICLES OUTSIDE |
| 10 VEHICLES | |
| 2 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 10/22/1931. No Mechanical Repairs. 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: Michael Fuller Date: 04/15/2013
Print Name: Michael Fuller Phone: 617-519-5431

2013 APR 16 P 12:13
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: 11 ROSSMORE STREET, LLC
Address: 11 ROSSMORE STREET
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-591-5431

- 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: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
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: [Signature] Date: 04/15/2013

Print Name: MICHAEL FULLER

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 11 ROSSMORE STREET, LLC

Address of taxpayer/applicant's business in Somerville: 11 ROSSMORE STREET

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

Taxpayer/applicant's phone: day: 617 519 5431 evening: 617 519 5431

I, (print name) MICHAEL FULLER, 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____. [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: _____

13134 # 11905300 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **RECEIVED**
04-16-13