



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

CK-1315
\$550

APPLICATION TO RENEW GARAGE LICENSE

**GASPER OSTUNI
9 TIMBERHILL LANE
LYNNFIELD, MA 01940**

License #: 637
City #G206
Fee: 550.00
Account ID: 522
Reference #: 637
6988

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 GASPER OSTUNI Business Location: 195 HIGHLAND AVE Business Phone: 781-272-2650	
License Holder: GASPER OSTUNI 195 HIGHLAND AV SOMERVILLE, MA 02143 781-272-2650	
Mailing Address: GASPER OSTUNI LYNNFIELD, MA 01940	
Business Type: SOLE PROPRIETORSHIP OWNER - GASPAR OSTUNI	
FID: 999999999	
Food Manager/Emergency Contact: DAVID OSTUNI 781-424-2079	

2013 MAR 25 PD 2:23
 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 STORING VEHICLES
- 12 VEHICLES
- 12 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 1/9/1933. 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: *Gasper Ostuni* Date: 3/20/13
 Print Name: GASPAR OSTUNI Phone: 781-272-2650

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: GASPAN OSTUNI
Address: 195 HIGHLAND AV
City: Somerville State: MA Zip: 02143 Phone #: 781 272 2690

- 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: _____ Date: _____

Print Name: _____

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: GASPAR OSTUNI

Address of taxpayer/applicant's business in Somerville: 195 HIGHLAND AV

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

Taxpayer/applicant's phone: day: 781 272 2650 evening: 781 334 2269

I, (print name) GASPAR OSTUNI, 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 20th day of MARCH, 2013.
[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: _____

7116 # 2300/3001 # N/A # _____

NOTES:

CLERK'S INITIALS: M.M.

ORIGINAL STAMP:

received
3-25-13