



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

CK-4033  
\$ 550

**APPLICATION TO RENEW GARAGE LICENSE**

**TAURO REALTY TRUST**  
161 LINWOOD ST  
PO BOX 153  
SOMERVILLE, MA 02143

License #: 643

City #G161

Fee: 550.00

Account ID: 529

Reference #: 643

#6987

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>PAT'S AUTO BODY, INC.</b> Business Location: <b>19 JOY ST</b> Business Phone: <b>617-628-7500</b>	Business Location 13-19 Joy St
License Holder: <b>PAT'S AUTO BODY, INC.</b> <b>19 JOY ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-7500</b>	13-19 Joy St
Mailing Address: <b>TAURO REALTY TRUST</b> <b>PO BOX 153</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>TRUST</b> <b>PRESIDENT - DAVID TAURO</b> <b>SECRETARY - DAVID TAURO</b>	
FID: <b>042762439</b>	
Food Manager/Emergency Contact: <b>DAVID TAURO</b> <b>617-293-2010</b>	

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       | 22 VEHICLES INSIDE  |
| 1 OPERATING TOW VEHICLES | 20 VEHICLES OUTSIDE |
| 42 VEHICLES              |                     |

Description of Location and/or Other Conditions:

~~Originally Issued 6/20/1991, For Towing And Storage Only. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles.~~ *Handwritten: No Repair And Body*

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: *David Tauro*

Date

*3/20/13*

Print Name: *David Tauro*

Phone

*617-293-2010*

**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: Pat's Auto Body, Inc

Address: 1319 Joy Street

City: Somerville

State: MA

Zip: 02143

Phone #: 617 628 7500

- ☒ I am an employer with 13 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: AmTrust North America / Technology Insurance

Address: 2605 Enterprise Road East, Ste 290

City: Clearwater

State: FL

Zip: 33759

Phone #: 888-486-7466

Policy #: TWC 3327 872

Expiration Date: 9/1/13

**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: 3/20/13

Print Name: David Tauro

*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: Pat's Auto Body, Inc

Address of taxpayer/applicant's business in Somerville: 13-19 Jay Street

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2010

I, (print name) David Tauro, 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 25<sup>th</sup> 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: \_\_\_\_\_

# 20663009 # 145056011 # \_\_\_\_\_ # \_\_\_\_\_

**NOTES:** 326

**CLERK'S INITIALS:** [Signature]

**ORIGINAL STAMP:**

