

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

FOREIGN BODY WORKS, INC./VINCENT PASCALE, PRES.  
5 FREEPORT DRIVE  
BURLINGTON MA 01803

LIC #: 2012-098  
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_ Auto Body Work: X Parking or Storing Vehicles: \_\_\_Washing Vehicles: \_\_\_ Spray Painting: X 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: FOREIGN BODY WORKS, INC. TEL: 617-623-1890Company Address: 00593 SOMERVILLE AVCity: SOMERVILLE State: MA Zip: 02143

Check One:

Gov't

Partner

Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_Owner Name: FOREIGN BODY WORKS, INC./VINCENT PASCALE, PR TEL: 617-623-1890Owner Address: 5 FREEPORT DRIVEOwner City: BURLINGTON State: MA Zip: 01803FID#: 042653424

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 \*\*\*\*\*

Very truly yours,

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

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

John J. Long  
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-098

FEE: \$550.00

This is to certify: FOREIGN BODY WORKS, INC./VINCENT PASCALE, PRES.  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 05/22/1919

Garage situated at: 00593 SOMERVILLE AV

Doing business as : FOREIGN BODY WORKS, INC.

Shall not exceed: 10 Vehicles Inside

in addition the following restrictions apply:

AMENDED TO INCLUDE AUTO BODY WORK AND SPRAY  
PAINTING (10-13-78)

2012 MAY 1 10 3:20  
CITY CLERK'S OFFICE  
SOMERVILLE MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner X Occupant \_\_\_ Holder X

\*\* Office Use Only \*\*

Mailed \_\_\_

Taken \_\_\_

Signature of Applicant

Received: \_\_\_\_\_

City Clerk

Address

City

State

Zip

## IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: FOREIGN BODY WORKS LLC  
Somerville Address and Zip Code: 593 Somerville Ave Som MA.  
Phone Number of the Business: 617-623-1890

The Legal Name of the License Holder: \_\_\_\_\_  
Street Address of the License Holder: \_\_\_\_\_  
City, State and Zip Code of the License Holder: \_\_\_\_\_  
Phone Number of the License Holder: \_\_\_\_\_  
Email Address of the License Holder: \_\_\_\_\_

Where We Should Send Mail: Name: VINCENT PASCAL (President)  
Street Address: 5 FREEMONT DRIVE  
City, State and Zip Code: BORLINGTON MA 01803  
Email: \_\_\_\_\_  
Phone Number: Home Phone 781-359-3839

Federal ID # (Do Not Give a Social Security #): 042 653 424

Emergency Contact and Phone (For Fire Dept. Use): 781-359-3839

Type of Business (Check Only One and Give the Names Indicated):  
☐ Sole Proprietor: Name of Owner: \_\_\_\_\_  
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
☐ Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
☐ Corporation (inc. LLC): Name of President: VINCENT PASCAL (Pres.)  
Name of Secretary: RICHARD J CELLA  
Name of Treasurer: MICHAEL J CELLA  
Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Vincent Pascalle Date 5/1/12

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.

FOREIGN BODY WORKS INC

\* Signature of Individual or Corporate Name (Mandatory)

Vincent Gascale PRESIDENT

By: Corporate Officer (Mandatory, if a corporation)

042-653 424

\*\* 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.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

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

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: FOREIGN BODY WORKS Inc  
Address of taxpayer/applicant's business in Somerville: 593 Somerville Ave Som MA  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: 617 623 1890 evening: \_\_\_\_\_

I, (print name) Vincent Pascale, 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:**

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 13679 # 242049001 # 1166 # \_\_\_\_\_

NOTES: 16526040 242048001

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP: \_\_\_\_\_



**RECEIVED**

5-7-12

**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: FOREIGN BODY WORKS INC.

Address: 593 SOMERVILLE AVE S

City: SOMERVILLE

State: MA

Zip: 02143

Phone #: 617-623-1890

- ☐ 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: Vincent Pascale (pres).

Date: 5/7/12

Print Name: VINCENT PASCALE

**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 \_\_\_\_\_