

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

KRISCO CORP.
444 SOMERVILLE AVENUE
SOMERVILLE MA 02143

LIC #: 2012-091
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☐ Auto Body Work: ☒ 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 \$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: KRISCO CORP. D/B/A MAACO AUTO PAINTING TEL: 617-666-4882
Company Address: 00444 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: ☐ Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency ☐ Ship ☐ Gov't Partner
Owner Name: KRISCO CORP. TEL: 617-666-4882
Owner Address: 444 SOMERVILLE AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 042971059

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 *****
MONDAY-FRIDAY: 07:00 AM-07:00 PM
SATURDAY: 08:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-091
FEE: \$550.00

This is to certify: KRISCO CORP.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/22/1983

Garage situated at: 00444 SOMERVILLE AV
Doing business as : KRISCO CORP. D/B/A MAACO AUTO PAINTING
Shall not exceed: 75 Vehicles Inside
in addition the following restrictions apply:

LICENSE CANNOT BE TRANSFERRED WITHOUT APPROVAL OF BOA
AMENDED NO PARKING OF EMPLOYEES OR CUSTOMER'S CARS ON SOMERVILLE AVENUE.
AMENDED NUMBER OF CARS FROM 100 TO 75 ON BOA #180854, 04/11/2006.

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

Signature of Applicant

Address

City State Zip

** City Clerk's Office Only **

Mailed

Taken

Received:

City Clerk

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: MAACO AUTO PAINTING
Somerville Address and Zip Code: 444 SOMERVILLE AVE 02143
Phone Number of the Business: 617 666 4882

The Legal Name of the License Holder: KRISCO CORP
Street Address of the License Holder: 444 SOMERVILLE AVE
City, State and Zip Code of the License Holder: SOMERVILLE, MA 02143
Phone Number of the License Holder: 617 666 4886
Email Address of the License Holder: _____

Where We Should Send Mail: Name: KRISCO CORP
Street Address: 444 SOMERVILLE AVE
City, State and Zip Code: SOMERVILLE MA 02143
Email: _____
Phone Number: 617 666 4886

Federal ID # (Do Not Give a Social Security #): 64 297 1059

Emergency Contact and Phone (For Fire Dept. Use): _____

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: KRIS OGONOWSKY
Name of Secretary: MARY OGONOWSKY
Name of Treasurer: KRIS OGONOWSKY
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: [Signature] Date: 4/25/12

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.

KRISCA CORP
* Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if a corporation)

04-2981059
** 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: KRISCO CORP/MAACO AUTO PAINTING

Address of taxpayer/applicant's business in Somerville: 444 SOMERVILLE AVE

Address of taxpayer/applicant's home in Somerville: 444 SOMERVILLE AVE

Taxpayer/applicant's phone: day: 617 666 4886 evening: _____

I, (print name) KRIS OGONOWSKY, 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 25th day of

April, 2012. [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: _____

13635 # 242021001 # 1145 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB
4-26-12



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7th Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: KRISCO CORP DBA MAACO

address: 444 SOMERVILLE AVE

city: SOMERVILLE

state: MA

zip: 02143 phone # 6176664886

work site location (full address):

☐ 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 16 employees (full & part time). ☐ Other

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: KRISCO CORP

address: 444 SOMERVILLE AVE

city: SOMERVILLE

phone #: 6176664886

insurance co. UTICA NATIONAL

policy # 4218125

☐ 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

Date

4/25/12

Print name

KRIS OBONOWSKY

Phone #

617 666 4886

official use only

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

city or town:

permit/license #

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other

☐ check if immediate response is required

contact person:
(revised Sept. 2003)

phone #: