

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

DOMENIC FABRIZIO
72 SCHOOL STREET, UNIT #6
EVERETT MA 02149

LIC #: 2010-089
B.O.A.# 178990

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X 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 \$500.00 not later than April 30, 2010. 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: DOMENIC FABRIZIO TEL: 617-595-0069
Company Address: 00290 REAR SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: Corp: Trust: Agency Gov't Partner
Ship Other
Owner Name: DOMENIC FABRIZIO TEL: 617-381-1052
Owner Address: 72 SCHOOL STREET, UNIT #6

Owner City: EVERETT State: MA Zip: 02149

FID#: 015321950

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-07:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2010-089
FEE: \$500.00

This is to certify: DOMENIC FABRIZIO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 01/24/1974

Garage situated at: 00290 REAR SOMERVILLE AV

Doing business as : DOMENIC FABRIZIO

Shall not exceed: 2 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:

APPROVED AND AMENDED ON AUGUST 11, 2005 BOA #178990. NO SPRAY PAINTING
CHANGED FROM 2 TO 4 BOA #183091 GAVE UP THERE USED CAR LICENSE
APPROVED BY GEORGE LANDERS ON 6/4/2007.

CITY OF SOMERVILLE
OFFICE OF THE CITY CLERK
2010 APR 2 A 11:11

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

Check One: Owner Occupant Holder ✓

Domenic Fabrizio
Signature of Applicant

72 SCHOOL ST, UNIT #6
Address

EVERETT MA 02149
City State Zip

** Office Use Only **

Mailed
Taken ✓

Received: 4/2/10 - MS
\$500.00 ck# 1525
City Clerk



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: DOMENIC FABRIZIO

address: 72 SCHOOL ST.

city: EVERETT state: MA zip: 02149 phone # 617-381-1052

work site location (full address): 290 SOMERVILLE AVE REAR SOMERVILLE MA 02143

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 _____ employees (full & part time). Other

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

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

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 Domenic Fabrizio Date 04-02-10

Print name DOMENIC FABRIZIO Phone # 617-381-1052

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

city or town: _____ permit/license # _____ Building Department

check if immediate response is required Licensing Board

contact person: _____ phone #: _____ Selectmen's Office

(revised Sept. 2003) Health Department Other _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: DOMENIC FABRIZIO
2. Address of taxpayer/applicant's business in Somerville: 290 SOMERVILLE AVE 02143
3. Address of taxpayer/applicant's home in Somerville: 290 SOM AVE REAR SOMERVILLE MA
4. Taxpayer/applicant's phone: day: 617-959-0069 evening: 617-381-1052

I, _____, 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 04 day of APRIL, 2010. Domenic Fabrizio
(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: _____

06229152 # 12005000 # _____

NOTES:

CLERK'S INITIALS: u

ORIGINAL STAMP:

received
4-23-10

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.

Domenic Fabrizio
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

015-22-1950
** 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.