

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Garage License**A PLUS AUTO BODY, INC.**
297 MEDFORD ST
SOMERVILLE MA 02143**License #:** BL15-000734
File #: 15-617
Fee: 550

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: A PLUS AUTO BODY, INC. Business Location: 297 MEDFORD ST Business Phone: 617-776-4500	
License Holder: A PLUS AUTO BODY, INC. 297 MEDFORD ST SOMERVILLE MA 02143	
Mailing Address: A PLUS AUTO BODY, INC. 297 MEDFORD ST SOMERVILLE MA 02143	
Business Type: Corporation JOHN FRAGIONE AUGUSTINO FEOLA LORI FRAGIONE	
FID: 043160822	
Emergency Contact: JOHN FRAGIONE Phone:	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-12PM # of Vehicles Kept Inside: 10 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

2015 APR 29 PM 1:38
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: John Fragione Date: 4/8/2015
Printed Name: John Fragione Phone: 617-776-4500



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: A PLUS AUTO BODY, INC.

Address of taxpayer/applicant's business in Somerville: 297 MEDFORD ST

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

Taxpayer/applicant's phone: day: (617) 776-4500 evening: _____

I, (print name) John Fragione, 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 8th day of April, 2015.
John Fragione
(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: _____

9984 # 118013001 # 807 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

RECEIVED
UR
4-29-15

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: A PLUS AUTO BODY, INC.
Address: 297 MEDFORD ST.
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-4500

- ☒ I am an employer with 10 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS IT. EDMUND GARRITY
Address: 545 CONCORD AVE STE 116
City: CAMBRIDGE State: MA Zip: 02138 Phone #: 1-888-887-1413
Policy #: 4479L8144 Expiration Date: 4/29/15

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: *John Fregione* Date: 4/8/2015
Print Name: JOHN FREGIONE

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 _____