

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

JOHN FRAGIONE (93 WALNUT ST.)
19 ARROWWOOD STREET
METHUEN MA 01844

LIC #: 2012-120
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X 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: A PLUS AUTOBODY, INC. TEL: 617-776-4500

Company Address: 00295 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Ship Other
Gov't Partner

Owner Name: JOHN FRAGIONE (93 WALNUT ST.) TEL: 1-978-794-3789

Owner Address: 19 ARROWWOOD STREET

Owner City: METHUEN State: MA Zip: 01844

FID#: 043160822

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: 08:30 AM-05:00 PM
SATURDAY: 09:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-120
FEE: \$550.00

This is to certify: JOHN FRAGIONE (93 WALNUT ST.)
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/22/1989

Garage situated at: 00295 MEDFORD ST

Doing business as : A PLUS AUTOBODY, INC.

Shall not exceed: 20 Vehicles Inside & 11 Vehicles Outside, not on public ways
in addition the following restrictions apply:

NO VEHICLES TO BE PARKED ON WALNUT ST.. NO BLOCKING OF SIDEWALK OR OTHER
PUBLIC WAY WITH SNOW DURING REMOVAL PERIODS.

HOURS FOR CUSTOMER PICK UP ONLY MONDAY-SATURDAY 5:00PM-6:00PM

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

Check One: Owner Occupant Holder X

Signature of Applicant

2095 Medford St
Address

Somerville, MA 02143
City State Zip

** Office Use Only **

Mailed

Taken

Received: 4-26-12 \$550-

CR 6547

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: A PLUS AUTO BODY
Somerville Address and Zip Code: 295 MEDFORD ST 02143
Phone Number of the Business: 617-776-4500

The Legal Name of the License Holder: JOHN FRAGIONE
Street Address of the License Holder: 19 ARROWWOOD ST
City, State and Zip Code of the License Holder: METHUEN, MA 01844
Phone Number of the License Holder: 978-685-2915
Email Address of the License Holder: aplusautobody@aol.com

Where We Should Send Mail: Name: A PLUS AUTO BODY
Street Address: 297 MEDFORD ST
City, State and Zip Code: SOMERVILLE, MA 02143
Email: aplusautobody@aol.com
Phone Number: 617-776-4500

Federal ID # (Do Not Give a Social Security #): 04-316-0822

Emergency Contact and Phone (For Fire Dept. Use): 617-781-4085

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: JOHN FRAGIONE / Agostino Feola
Name of Secretary: _____
Name of Treasurer: _____
Other (Attach a Description of the Form of Ownership and the Names of Owners)

2012 APR 26 P 3 06
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: John Fragione Date 3/22/2012

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.

John Lapione / A PLUS Auto Body
* Signature of Individual or Corporate Name (Mandatory)

John Lapione
By: Corporate Officer (Mandatory, if a corporation)

04-316-0822
** 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: A PLUS AUTO BODY

Address of taxpayer/applicant's business in Somerville: 205 Medford St 02143

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

Taxpayer/applicant's phone: day: 617-770-4500 evening: SAME

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 20 day of

MARCH, 2012. 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: _____

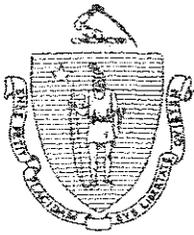
9742 # 118013001 # 862 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBanaw
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: A PLUS Auto Body / JOHN FRAGIONE

address: 297 Medford St

city: Somerville state: MA zip: 02143 phone #: 617-776-4500

work site location (full address):

I am a sole proprietor and have no one working in any capacity. Business Type: Office Retail Restaurant/Bar/Eating Establishment Sales (including Real Estate, Autos etc.)

I am an employer with employees (full & part time). Other AUTO REPAIR

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

company name: A PLUS Auto Body

address: 297 Medford St

city: Somerville, MA 02143 phone #: 617-776-4500

insurance co: LEONARD BARNETT ITALIA policy #: 42001191A TRAVELERS

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 year's 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 Fragione Date: 3/22/2012

Print name: JOHN FRAGIONE Phone #: 617-776-4500

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

check if immediate response is required Selectmen's Office

Health Department

contact person: phone #: Other

(revised Sept. 2003)