

**IMPORTANT**

#144  
REF 136

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 you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Outdoor Parking  
License Number: #191153  
Business Name: Martha Lee Trust  
Location: 147 Highland Ave  
Spaces: 15  
Special Conditions (if any):

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 APR - 2 A 11: 2  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

The DBA Name of the Business: Martha Lee Trust  
 Somerville Address and Zip Code: 147 Highland Ave Som, MA 02143  
 Phone Number of the Business: 617-628-5552

The Legal Name of the License Holder: Martha Lee Trust  
 Street Address of the License Holder: 147 Highland Ave unit 01  
 City, State and Zip Code of the License Holder: Somerville, MA 02143  
 Phone Number of the License Holder: 617-628-5552  
 Email Address of the License Holder: ditucciarpeta@verizon.net

Where We Should Send Mail: Name: Martha Lee Trust  
 Street Address: 170 Highland Ave. #1  
 City, State and Zip Code: Somerville, MA 02143  
 Email: ditucciarpeta@verizon.net  
 Phone Number: 617-628-5552

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

Emergency Contact and Phone (For Fire Dept. Use): Robert Ditucci 617-628-5552

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%: \_\_\_\_\_

*Martha L. DiTucci Robert A. DiTucci*

Corporation (inc. LLC): Name of President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

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: \_\_\_\_\_

*Robert A. DiTucci*

Date \_\_\_\_\_

*3/29/12*



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Di'Tucci ML & R.A. Trustees The Martha Lee Trust

Address of taxpayer/applicant's business in Somerville: 190 Highland Ave #1

Address of taxpayer/applicant's home in Somerville: SAME AS ABOVE

Taxpayer/applicant's phone: day: 617-628-3552 evening: \_\_\_\_\_

I, (print name) Robert A. DiTucci, 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 29 day of March, 2012. Robert A. DiTucci  
(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: \_\_\_\_\_

7079 # 7081-7080-7063      # 229010001      # 592      # \_\_\_\_\_  
229011001

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**RECEIVED**  
4-2-12  
4-2-12

J ✓

**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: Martha Lee Trust  
 Address: 190 Highland Ave.  
 City: Somerville State: MA Zip: 02143 Phone #: 617-628-5552

- |   |   |
|---|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b><br><input type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><input checked="" type="checkbox"/> Other <u>Real Estate Trust No Employees</u> |
|---|---|

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: N/A  
 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: Robert A. D'Amico Trustee Date: 3/29/12  
 Print Name: Robert A. DiTucci

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____