

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

PAUL F. PAONE
58 ALLEN STREET
LEXINGTON MA 02421

LIC #: 2012-082
B.O.A.# 178564

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
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: PAUL F. PAONE TEL: 781-861-8709
Company Address: 00011 ROSSMORE ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: ___ Corp: ___ Trust: ___ Agency ___ Gov't Partner
Ship ___ Other ___
Owner Name: PAUL F. PAONE TEL: 781-861-8709
Owner Address: 58 ALLEN STREET

Owner City: LEXINGTON State: MA Zip: 02421
FID#: 550802409

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: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-06:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
*** GARAGE NOT OPEN TO THE PUBLIC *** LICENSE #: 2012-082
FEE: \$550.00

This is to certify: PAUL F. PAONE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 10/22/1931
Garage situated at: 00011 ROSSMORE ST
Doing business as : PAUL F. PAONE
Shall not exceed: 2 Vehicles Inside & 8 Vehicles Outside, not on public ways
in addition the following restrictions apply:
5/12/2005 Name changed from Roma Baking Co., Inc.

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAR 22 A 0553

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

Paul F Paone
Signature of Applicant
58 Allen St
Address
Lexington Mass 02421
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____
City Clerk

IMPORTANT

#630

REF 747

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: _____
 Somerville Address and Zip Code: _____
 Phone Number of the Business: _____

The Legal Name of the License Holder: Paul F. Paone
 Street Address of the License Holder: 58 Allen St
 City, State and Zip Code of the License Holder: Lexington Mass 02421
 Phone Number of the License Holder: 781-861-8709
 Email Address of the License Holder: _____

Where We Should Send Mail: Name: Paul F. Paone
 Street Address: 58 Allen St
 City, State and Zip Code: Lexington Mass 02421
 Email: _____
 Phone Number: 781-861-8709

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

Emergency Contact and Phone (For Fire Dept. Use): 781-861-8709

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: Paul F. Paone
 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: _____
 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: Paul F. Paone Date 3/22/12

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.

Paul J Paone

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

030-24-0953

** 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: _____

Address of taxpayer/applicant's business in Somerville: 11 Rossmore St.

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

Taxpayer/applicant's phone: day: 781-861-8709 evening: ⁷⁸¹⁻861-8709

I, (print name) _____, 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 22 day of

March, 2012. Paul P. Brown
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

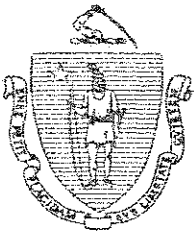
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
20675110 # 119053001 # 13044 # _____
13044

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 



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: Paul F. Parone
 address: 58 Allen St
 city: Lexington state: MASS zip: 02421 phone #: 781-861-8709

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 _____ 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 Paul F. Parone Date 3/22/12
 Print name Paul F. Parone Phone # _____

official use only do not write in this area to be completed by city or town official
 city or town: _____ permit/license # _____
 check if immediate response is required
 contact person: _____ phone #: _____
 Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 (revised Sept. 2003)