

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

SALVATORE LENA
75 WASHINGTON STREET
SOMERVILLE MA 02143

LIC #: 2011-104
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 \$500.00 not later than April 30, 2011. 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: ALEX AUTO BODY, INC. TEL: 617-776-2429
Company Address: 00075 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: SALVATORE LENA TEL: 617-640-8654

Owner Address: 75 WASHINGTON STREET

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 042815962

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 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very slowly hours,

John Long
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE 2011-104

FEE: \$500.00

This is to certify: SALVATORE LENA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 08/27/1981

Garage situated at: 00075 WASHINGTON ST

Doing business as : ALEX AUTO BODY, INC.

Shall not exceed: 5 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

6/8/2005 Per Lt. V. McLaughlin memo there is no spray booth. Therefore
no spray painting is allowed at 75 Washington Street. Spray booth
permission being removed from the license #104.

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

Check One: Owner [checked] Occupant \_\_\_ Holder \_\_\_

Signature of Applicant

75 WASHINGTON ST

Address

Somerville MA 02143
City State Zip

\*\* Office Use Only \*\*

Mailed \_\_\_

Taken \_\_\_

Received: \_\_\_\_\_

City Clerk


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.

Alex Auto Body INC.

\* Signature of Individual or Corporate Name (Mandatory)

  
By: Corporate Officer (Mandatory, if a corporation)

042815962

\*\* 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: Somerville, 75 Washington St. LLC

Address of taxpayer/applicant's business in Somerville: 75 Washington St

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-776-2429 evening: 617-640-8654

I, (print name) Salvatore Lena, 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

April, 2011.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

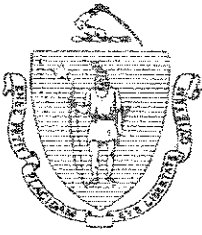
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>02046185</u>	# <u>109105001</u>	# <u>04810002</u>	# _____

NOTES:

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP:



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Alex Auto Body INC.

address: 75 Washington St

city: Somerville

state: MA

zip: 02143 phone # 617-776-2429

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 2 employees (full & part time).  Other AUTO REPAIR
- I am an employer providing workers' compensation for my employees working on this job.

company name: Nicholas A. Consoles INS. AGENCY INC.

address: 153 Andover St

city: Danvers

phone #: 978-223-4037

insurance co. Travelers

policy # UB8006P05711

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

Date

04/29/2011

Print name

SALVATORE LENA

Phone #

617-776-2429

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: \_\_\_\_\_  
(revised Sept. 2003)

phone #: \_\_\_\_\_

- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other \_\_\_\_\_