



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

A PLUS AUTO BODY, INC.
297 MEDFORD ST
SOMERVILLE, MA 02143

License #: 991
Fee: 550.00
Account ID: 617
Reference #: 991

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 617-776-4500	
Mailing Address: A PLUS AUTO BODY, INC. 297 MEDFORD ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) TREASURER - AUGUSTINO FEOLA PRESIDENT - JOHN FRAGIONE SECRETARY - LORI FRAGIONE	
FID: 043160822	
Food Manager/Emergency Contact: JOHN FRAGIONE	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

Description of Location and/or Other Conditions:

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: 10/24/2013

Print Name: JOHN FRAGIONE

Phone: 617-776-4500

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its Motor Vehicle Shop Bond Bond Number 148646

in the sum of Ten Thousand dollars (\$10,000.00)

on behalf of

A+ Auto Body Corp.

located at

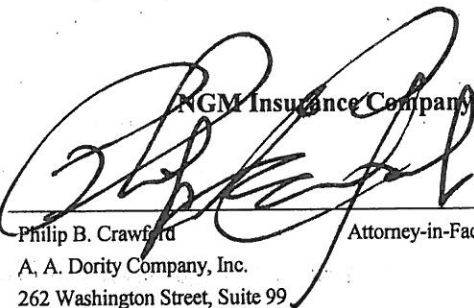
297 Medford St
Somerville, MA 02143

in favor of **Commonwealth of Mass.**

for the term beginning January 25th, 2014 and ending on January 25th, 2017, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, December 27, 2013

By: 
Philip B. Crawford
A. A. DORITY COMPANY
262 Washington Street, Suite 99
Boston, MA 02108
(617) 523-2935 Fax: 617-523-1707
Attorney-in-Fact



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 30 day of DECEMBER, 2013. 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: _____

9910 # 118014001 # 827 # _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:



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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Insurance
Address: One Tower Square
City: Hartford State: CT Zip: 06183 Phone #: _____
Policy #: IEUB-8B32578-1-13 Expiration Date: 4/29/2014

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 Fragione Date: 10/24/2013
Print Name: JOHN FRAGIONE

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 _____