

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

DAVID GENNARO
91 WASHINGTON STREET
SOMERVILLE MA 02143

LIC #: 2011-105
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: 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: M. KORSON & CO., INC. TEL: 617-625-6060
Company Address: 00091 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: DAVID GENNARO TEL: 1-617-625-6060

Owner Address: 91 WASHINGTON STREET

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 042576260

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 truly yours,

John J. Long
City Clerk

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

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-105

FEE: \$500.00

This is to certify: DAVID GENNARO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/08/1956

Garage situated at: 00091 WASHINGTON ST

Doing business as : M. KORSON & CO., INC.

Shall not exceed: 1 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

4 18/WHEEL TRUCKS (OIL TANKERS)

NO TRUCKS ON WASHINGTON STREET

2011 MAR 29 A 10:09
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Check One: Owner X Occupant Holder

David J. Gennaro

Signature of Applicant

91 Washington St

Address

Somerville MA

City

State

02143

Zip

** Office Use Only **

Mailed

Taken ✓

Received: 500.00

3/29/2011

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.

M. MORSON + CO

* Signature of Individual or Corporate Name (Mandatory)

David J. Gennig Pres.

By: Corporate Officer (Mandatory, if a corporation)

042 57 6260

** 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: M. KORSON

Address of taxpayer/applicant's business in Somerville: 91 Washington St

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

Taxpayer/applicant's phone: day: 617 625 6060 evening: 617 872-0782

I, (print name) David L Gennaro, 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, 2011. David L Gennaro
(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>07271066</u> | # <u>109108001</u> | # <u>30051113</u> | # _____ |

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
7-29-11



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: M. KORSON + co
address: 91 Washington St
city: Somerville state: MA zip: 02143 phone # 617 625-6060

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 7 employees (full & part time). ☒ Other TRUCKING

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

company name: CHARTIS - M. KORSON

address: 175 WATER ST 91 Washington

city: New York MA Somerville MA phone #: 617 6256060

insurance co. CHARTIS policy # WC002-50-2846

☐ 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 David J Gennaro Date 3-29-11

Print name DAVID GENNARO Phone # 617 625 6060

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