

CITY OF SOMERVILLE
MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

VINCENT PASCALE, PRESIDENT
5 FREEPORT DRIVE
BURLINGTON MA 01803

LIC #: 2010-098
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicles: ___
Washing Vehicles: ___ Spray Painting: X 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, 2010. 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: FOREIGN BODY WORKS, INC. TEL: 617-623-1890
Company Address: 00593 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner
Owner Name: VINCENT PASCALE, PRESIDENT TEL: 617-623-1890
Owner Address: 5 FREEPORT DRIVE

Owner City: BURLINGTON State: MA Zip: 01803
FID#: 042653424

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-05:00 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 #: 2010-098
FEE: \$500.00

This is to certify: VINCENT PASCALE, PRESIDENT
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/22/1919

Garage situated at: 00593 SOMERVILLE AV
Doing business as : FOREIGN BODY WORKS, INC.

Shall not exceed: 10 Vehicles Inside
in addition the following restrictions apply:

AMENDED TO INCLUDE AUTO BODY WORK AND SPRAY
PAINTING (10-13-78)

2010 JUN - 7 P 2:15
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Vincent Pascale
Signature of Applicant

5 Freeport Drive
Address

Burlington MA 01803
City State Zip

** Office Use Only **
Mailed ___
Taken ✓
Received: 6/7/10 - ms
\$500.00 ck# 3094
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.

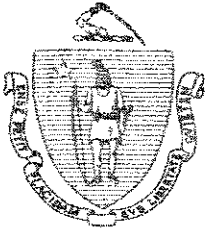
FOREIGN BODY WORKS INC
* Signature of Individual or Corporate Name (Mandatory)

Vincent Pascale PRES.
By: Corporate Officer (Mandatory, if a corporation)

042-653-4729
** 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.



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: FOREIGN BODY WORKS INC
 address: 593 SOMERVILLE AVE
 city: SOMERVILLE state: MA zip: 02143 phone #: 617-623-1890

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 0 employees (full & part time). Other

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

company name: FOREIGN BODY WORKS INC Vincent Pascale Pres.
 address: 593 SOMERVILLE AVE
 city: SOMERVILLE MA 02143 phone #: 617-623-890
 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 year's 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: Vincent Pascale Date: 6/17/2010
 Print name: VINCENT PASCALE Phone #: 617-623-1890

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)



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: FOREIGN BODY WORKS INC
- Address of taxpayer/applicant's business in Somerville: 593 SOMERVILLE AVE.
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617-623-1890 evening: 781-259-3839

I, _____, 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 7th day of JUNE, 20 10 Vincent Poreca PRES.
(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: _____

16526040 # 24204901 # 10226006 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBan
6710