

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

LUCIANO ROSSETTI
 508 SOMERVILLE AVENUE
 SOMERVILLE MA 02143

LIC #: 2010-095
 B.O.A.# 165822

*** 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, 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: INTERNATIONAL AUTO REPAIR, INC. TEL: 617-776-6900
 Company Address: 00508 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
 Ship Other
 Owner Name: LUCIANO ROSSETTI TEL: 781-279-2775
 Owner Address: 508 SOMERVILLE AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 043244455

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-06:00 PM
 SATURDAY: 08:00 AM-02:00 PM
 SUNDAY: CLOSED

Very truly yours,

John J. Ong
 City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
 -- GARAGE OPEN TO THE PUBLIC --

LICENSE # 2010-095
 FEE: \$500.00

This is to certify: LUCIANO ROSSETTI
 has been licensed by the Mayor and the Aldermen of the City of Somerville.
 Since 09/13/1979

Garage situated at: 00508 SOMERVILLE AV
 Doing business as : INTERNATIONAL AUTO REPAIR, INC.
 Shall not exceed: 2 Vehicles Inside & 8 Vehicles Outside, not on public ways
 in addition the following restrictions apply:

NOT TO EXCEED 10 VEHICLES INSIDE AND OUTSIDE.
 TRANSFERRED TO INTERNATIONAL AUTO REPAIR, INC. 11/8/99. AMENDED FROM
 4 VEHICLES TO 10 VEHICLES. B.O. #167869, 09/29/00

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

Luciano Rossetti
 Signature of Applicant
508 SOMERVILLE AVE
 Address
SOMERVILLE MA 02143
 City State Zip

** Office Use Only **

Mailed	<u> </u>
Taken	<u>✓</u>

Received: 500.00 mg 6/21/10

City Clerk

2010 JUN 21 3 37
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

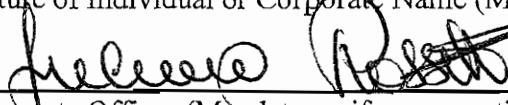
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

INTERNATIONAL AUTO REPAIR

* Signature of Individual or Corporate Name (Mandatory)



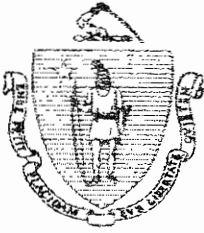
By: Corporate Officer (Mandatory, if a corporation)

043 244 455

** 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: INTERNATIONAL AUTO REPAIR
 address: 508 SOMERVILLE AVE
 city: SOMERVILLE state: MA zip: 02143 phone #: 617 776 6900

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
 I am an employer with _____ employees (full & part time). Office Sales (including Real Estate, Autos etc.)
 I am an employer providing workers' compensation for my employees working on this job. Other

company name: INTERNATIONAL AUTO REPAIR
 address: 508 SOMERVILLE AVE
 city: SOMERVILLE MA 02143 phone #: 617 776 6900
 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: Luciano Rossetti Date: 6/4/10
 Print name: LUCIANO ROSSETTI Phone #: 617 776 6900

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 _____
 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: INTERNATIONAL AUTO REPAIR
- Address of taxpayer/applicant's business in Somerville: 508 SOMERVILLE AVE
- Address of taxpayer/applicant's home in Somerville: SAME
- Taxpayer/applicant's phone: day: 617 776 6900 evening: _____

I, LUCIANO ROSSETTI, 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 _____ day of JUNE, 2010. Luciano Rossetti
(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: _____

18588009 # 242078001 # 30056473 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP: **received**
URB

6-21-10