

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

JAMES NAZZARO  
66 BURGET AVENUE  
MEDFORD

MA 02155

LIC #: 2011-055  
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_\_\_ Auto Body Work: \_\_\_\_\_ Parking or Storing Vehicles: X  
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 \$550- 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: GENERAL GLASS & MIRROR CORP. TEL: 617-625-4460  
Company Address: 00231 LOWELL ST

City: SOMERVILLE State: MA Zip: 02144

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

Owner Name: JAMES NAZZARO

TEL: \_\_\_\_\_

Owner Address: 66 BURGET AVENUE

Owner City: MEDFORD State: MA Zip: 02155

FID#: 042815684

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 #: 2011-055

FEE: \$550.00

This is to certify: JAMES NAZZARO  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 12/14/1944  
Garage situated at: 00231 LOWELL ST  
Doing business as : GENERAL GLASS & MIRROR CORP.  
Shall not exceed: 5 Vehicles Inside & 5 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

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

James Nazzaro  
Signature of Applicant

66 Burget Ave  
Address

Medford Ma. 02155  
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.

Manual Glass-Murphy Corp

\* Signature of Individual or Corporate Name (Mandatory)

Michael Vargano

By: Corporate Officer (Mandatory, if a corporation)

04-2819684

\*\* 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**

1. Exact name of taxpayer/applicant's business: General Glass & Mirror Corp
2. Address of taxpayer/applicant's business in Somerville: 231 Lowell St
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-625-4460 evening: 617-625-4460

I, James Nuzzo, 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 3<sup>rd</sup> day of

January, 2012. James Nuzzo  
(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: \_\_\_\_\_

# 10382025 # 22805102 # 769 # \_\_\_\_\_

NOTES: 9150

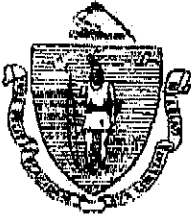
CLERK'S INITIALS: N

ORIGINAL STAMP:



**RECEIVED**

4-13-12



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

name: General Glass & Mirror Corp  
address: 231 Lowell St.  
city: Somerville state: MA zip: 02144 phone # 617-625-4460

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 16 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: General Glass & Mirror Corp  
address: 231 Lowell St.  
city: Somerville, MA zip: 02144 phone # 617-625-4460  
insurance co. AMTRUST NORTHAMERICA policy # TWE 8277083

☐ 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 #: \_\_\_\_\_

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: Michelle Nazario Date: 1-10-12  
Print name: Michelle Nazario Phone #: 617-625-4460

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 ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_  
contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)