



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

Application to Renew Garage License

KRISCO CORP.
444 SOMERVILLE AVE
SOMERVILLE MA 02143


License #: BL15-000755
File #: 15-638
Fee: 550

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: KRISCO CORP. Business Location: 444 SOMERVILLE AVE Business Phone: 617-666-4882	MAACO AUTO PAINTING (617)-666-4886
License Holder: KRISCO CORP. 444 SOMERVILLE AVE SOMERVILLE MA 02143	
Mailing Address: KRISCO CORP. 444 SOMERVILLE AVE SOMERVILLE MA 02143	
Business Type: Corporation KRIS OGONOWSKY KRIS OGONOWSKY MARY OGONOWSKY	
FID: 042971059	
Emergency Contact: KRIS OGONOWSKY Phone: 617-666-4886	
Proposed Hours of Operation if outside standard hours: MO-FR 7AM-7PM, SA 8AM-5PM # of Vehicles Kept Inside: 75 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? No Autobody work? Yes Spray Painting? Yes Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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:  Date: 3/25/15

Printed Name: Daniel Kretzinger Phone: 617-666-4886



2015 APR 21 A 11:05

City of Somerville, Massachusetts
Finance Department, Treasury Division

CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Krisco Corp

Address of taxpayer/applicant's business in Somerville: 449 Somerville Ave

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

Taxpayer/applicant's phone: day: 617-666-4886 evening: _____

I, (print name) Krisco Corp., 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 20 day of March, 2015.

[Handwritten Signature]
(Taxpayer's signature)

Daniel Kretzinger Authorized Agent.

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: _____

139165 # 242071001 # 1080 # _____

NOTES:

CLERK'S INITIALS: *[Signature]*

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: KNISCO CORP
Address: 444 Somerville Avenue
City: Somerville State: MA Zip: 02143 Phone #: 617-665-8886

- I am an employer with 18 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National Insurance Group
Address: 180 Genesee Street
City: New Hartford State: NY Zip: 13413 Phone #: 617-354-4690
Policy #: 9218125 Expiration Date: 26/01/15

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: [Signature] Date: 3/20/15
Print Name: Daniel Kretzinger

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 _____