



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW GARAGE LICENSE

**FABRIZIO, DOMENIC
72 SCHOOL STREET, UNIT #6
EVERETT, MA 02149**

License #: **943**
City #G89
Fee: **550.00**
Account ID: **747**
Reference #: **943**

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: FABRIZIO, DOMENIC Business Location: 290R SOMERVILLE AVE Business Phone: 617-959-0069	
License Holder: FABRIZIO, DOMENIC 72 SCHOOL STREET, UNIT #6 EVERETT, MA 02149 617-959-0069	
Mailing Address: FABRIZIO, DOMENIC 72 SCHOOL STREET, UNIT #6 EVERETT, MA 02149	
Business Type: SOLE PROPRIETORSHIP OWNER - DOMENIC FABRIZIO	
FID: 999999999	
Food Manager/Emergency Contact: DOMENIC FABRIZIO 617-381-1052	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-7PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 2 VEHICLES INSIDE
- 2 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 1/24/1974. Amended 8/11/05. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: *Domenic Fabrizio*

Date 03-20-14

Print Name: DOMENIC FABRIZIO

Phone 617-381-1052



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: DOMENIC FABRIZIO

Address of taxpayer/applicant's business in Somerville: 290 SOMERVILLE AVE REAR

Address of taxpayer/applicant's home in Somerville: 290 SOMERVILLE AVE SOM.

Taxpayer/applicant's phone: day: 617-381-1052 evening: 617-959-0069

I, (print name) DOMENIC FABRIZIO, 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, 20 14. Domenic Fabrizio
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3-20-14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

13787 # 12605004 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
DF
3-20-14

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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: DOMENIC FABRIZIO

Address: 72 SCHOOL ST

City: EVERETT

State: MA.

Zip: 02149 Phone #: 617.381.1052

- I am an employer with _____ employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: _____

Expiration Date: _____

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: Domenic Fabrizio

Date: 03-20-14

Print Name: DOMENIC FABRIZIO

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____