

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ALBERT G. RISKALLA, SR.
10 KINGSWOOD ROAD
WESTWOOD MA 02090

LIC #: 2011-059
B.O.A.#

*** 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, 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: A B J FOREIGN AUTO SUPPLY, INC. TEL: 617-625-6632
Company Address: 00091 MARSHALL ST

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: ALBERT G. RISKALLA, SR. TEL: 1-781-329-0385

Owner Address: 10 KINGSWOOD ROAD

Owner City: WESTWOOD State: MA Zip: 02090

FID#: 042645130

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-05:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-059
FEE: \$500.00

This is to certify: ALBERT G. RISKALLA, SR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 10/22/1981

Garage situated at: 00091 MARSHALL ST

Doing business as : A B J FOREIGN AUTO SUPPLY, INC.

Shall not exceed: 3 Vehicles Inside & 27 Vehicles Outside, not on public ways
in addition the following restrictions apply:

COMMERCIAL APPROVED AS AMENDED: CUSTOMERS CAN PICK UP VEHICLES UNTIL
7:00PM MONDAY-FRIDAY. WORKERS CAN'T WORK ON PERSONAL VEHICLES AFTER
HOURS.

NO PARKING ON PUBLIC WAYS

10/26/2006 BOA #182029 AMENDMENT ON SATURDAY HOURS.

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

Albert G. Riskalla
Signature of Applicant

10 Kingswood Rd.
Address

Westwood MA 02090
City State Zip

** Office Use Only *

Mailed

Taken ✓

Received: 4/1/11 - ms

\$500.00 ck # 11045

City Clerk

2011 APR -1 A 10:35
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.

A B J FOREIGN AUTO SUPPLY, Inc.

* Signature of Individual or Corporate Name (Mandatory)

Albert G. Riskalla, Sr

By: Corporate Officer (Mandatory, if a corporation)

016 26 4810

04 264 5130

** 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

Exact name of taxpayer/applicant's business: A B J AUTO SUPPLY, Inc.

Address of taxpayer/applicant's business in Somerville: 91 Marshall st Somerville, MA 02143

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

Taxpayer/applicant's phone: day: 617-625-6632 evening: _____

I, (print name) Albert g. Riskalla, Sr, 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

29th March, 20 11

(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: _____
18575189 # 142006011 # 30050034 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 30050034

received
4-1-11



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: A B J FOREIGN AUTO SUPPLY, Inc

address: 91 Marshall St

city: Somerville

state: MA

zip: 02143

phone # 617-625-6632

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 _____ employees (full & part time). ☐ Other

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

company name: A B J FOREIGN AUTO SUPPLY, Inc

address: 91 Marshall St

city: Somerville

phone #: 617-625-6632

insurance co. First Cardinal Corp.

policy # 014001000201111

☐ 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

Albert G. Riskalla Sr

Date 3/29/11

Print name

Albert G. Riskalla Sr

Phone #

617-625-6632

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

contact person:

phone #:

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

(revised Sept. 2003)