

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

FOREIGN BODY WORKS, INC./VINCENT PASCALE, PRES.
5 FREEPORT DRIVE
BURLINGTON MA 01803

LIC #: 2011-098
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicles: ___Washing Vehicles: ___ Spray Painting: X 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: FOREIGN BODY WORKS, INC. TEL: 617-623-1890
Company Address: 00593 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: FOREIGN BODY WORKS, INC./VINCENT PASCALE, PR TEL: 617-623-1890

Owner Address: 5 FREEPORT DRIVE

Owner City: BURLINGTON State: MA Zip: 01803

FID#: 042653424

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-05:00 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 #: 2011-098

FEE: \$500.00

This is to certify: FOREIGN BODY WORKS, INC./VINCENT PASCALE, PRES.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/22/1919

Garage situated at: 00593 SOMERVILLE AV

Doing business as : FOREIGN BODY WORKS, INC.

Shall not exceed: 10 Vehicles Inside

in addition the following restrictions apply:

AMENDED TO INCLUDE AUTO BODY WORK AND SPRAY
PAINTING (10-13-78)

2011 MAR 28 A 11:55
CITY CLERK'S OFFICE
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner _____ Occupant _____ Holder ✓

Vincent Pascale Pres.
Signature of Applicant

5 FREEPORT DRIVE
Address

BURLINGTON MA 01803
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.

FORPICH BODY WORKS INC
* Signature of Individual or Corporate Name (Mandatory)

Vincent Pascale Pres.
By: Corporate Officer (Mandatory, if a corporation)

042 653 424
** 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: FOREIGHT BODY WORKS INC

Address of taxpayer/applicant's business in Somerville: 593 Somerville AVE

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

Taxpayer/applicant's phone: day: 617-623-1890 evening: 781-359-3829

I, (print name) _____, 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**

_____, 20____.

(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: _____

1652640 # 242049001 # 10220006 # _____
24204821

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:



RECEIVED
4-28-11



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: FOREIGN BODY WORKS INC
address: 593 SOMERVILLE AVE
city: SOMERVILLE state: MA zip: 02143 phone #: 617-623 1890

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:

address:

city:

phone #:

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: Vincent Pascale Date: 3/28/2011
Print name: VINCENT PASCALE Phone #: 617-623 1890

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 #: _____

(revised Sept. 2003)

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