

\$500.00

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

JOAO LIBERATO  
120 FEDERAL STREET  
WILMINGTON MA 01887

LIC #: 2010-079  
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, 2010. 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: J.C. AUTO REPAIR TEL: 617-776-4199  
Company Address: 00091 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual X Co:      Corp:      Trust:      Agency      Gov't      Partner       
Ship      Other       
Owner Name: JOAO LIBERATO TEL: 617-776-4199  
Owner Address: 120 FEDERAL STREET

Owner City: WILMINGTON State: MA Zip: 01887  
FID#: 042924174

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 07:00 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 #: 2010-079  
FEE: \$500.00

This is to certify: JOAO LIBERATO  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 12/08/1983  
Garage situated at: 00091 PROSPECT ST  
Doing business as : J.C. AUTO REPAIR  
Shall not exceed: 2 Vehicles Inside & 8 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     

Joao Liberato  
Signature of Applicant  
91 Prospect St  
Address  
Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed       
Taken     

Received:                       
                                      
City Clerk

2010 APR 23  
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.

*Marco Liberato*

\* Signature of Individual or Corporate Name (Mandatory)

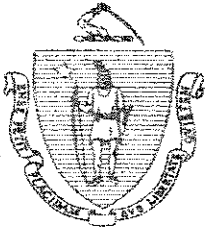
By: Corporate Officer (Mandatory, if a corporation)

042-92-4174 (FID)

\*\* 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.



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

Applicant information:

Please PRINT legibly

name:

JoAO Liberato

address:

120 Federal St

city

Wilmington

state:

MA

zip:

01887

phone #

978-658-4190

work site location (full address):

91 Prospect St Somerville, MA 02143

☐ 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

2

employees (full & part time).

☐ Other

Mechanical Repair

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

company name:

JC Auto Repair

address:

91 Prospect St

city:

Somerville, MA

phone #:

617-776-4199

insurance co.

Chactis

policy #

WC 4879415

☐ 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

X JoAO Liberato

Date

4/13/10

Print name

JoAO Liberato

Phone #

617-776-4199

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:

(revised Sept. 2003)

phone #:

☐ Building Department

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

☐ Other



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: JC Auto Repair
2. Address of taxpayer/applicant's business in Somerville: 91 Prospect St
3. Address of taxpayer/applicant's home in <sup>Wilmington</sup> ~~Somerville~~: 120 Federal St
4. Taxpayer/applicant's phone: day: 617 776 4199 evening: 978 658 4190

I, Joao Liberato, 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 13<sup>th</sup> day of April, 20 10. X Joao Liberato  
(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: \_\_\_\_\_  
# 04171210 # 125079001 # 30050267 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: L

ORIGINAL STAMP:

**received**  
4-14-10