CITY OF SOMERVILLE

MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

*** 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 Company Address: 00091 PROSPECT ST City: SOMERVILLE State: MA Zip: 02143 Check One: Gov't Partner Check One: Gov't Partner Owner Name: JOAO LIBERATO Trust: Agency 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: 07:00 AM-05:00 PM SATURDAY: 08:00 AM-02:00 PM SUNDAY: CLOSED John J. Long City Clerk	JOAO LIBERATO 120 FEDERAL STREET	LIC #: 2010-079 B.O.A.#					
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** Office Use conly ** Signature of Applicant Mailed = Taken	This renewal certificate must be sign	ned by the holder of the license.					
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7 91 Prospect St	A 47/1/11 Sible 10	** Office Use ⊊Only-,** MaiTed =					
Address Received:	A Descorate						
AUGI CDD	Address	Received:					
Somewill MA 02143	A						
City State Zip City Clerk		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.

*Aignature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042-92-4114 (FID)

- * 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.

^{**} Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)



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 PRIN	l legibly 🖟
name: JoAo Liberato	
address: 120 Federal St	·
city Willington state: MA	zip: 0/887 phone # 918-658-4198
work site location (full address): 91 Prospect 8+	Somewill, MA 02143
I am a sole proprietor and have no one Business Type:	Retail Restaurant/Bar/Eating Establishment
	Sales (including Real Estate, Autos etc.) Other Michael Plaik
am an employer providing workers' compensation for my emp	loyees working on this job.
company name: TC AUTO REPAIR	
address: 91 PROSPERT 8+	
city: Somercuille, MA	phone #: 617-776-4199
insurance co. Chachs	policy# WC 4879415
☐ I am a sole proprietor and have hired the independent contractor	s listed below who have the following workers'
compensation polices:	
company name:	
address:	
city:	phone#:
Însurance co.	policy#
сотрапу пате:	
address:	
city:	phone #:
insurance co. Attach additional sheet if necessary	policy#
Failure to secure coverage as required under Section 25A of MGL 152 can lead one years' imprisonment as well as civil penalties in the form of a STOP WORI copy of this statement may be forwarded to the Office of Investigations of the D	ORDER and a fine of \$100.00 a day against me. I understand that a
I do hereby certify under the pains and penalties of perjury that the inform	^
ucer	Date 9/13/10
Print name J JOAO Liberato	Phone# 417-776-4199
official use only do not write in this area to be completed by city or town	n official
city or town: pe	ermit/license #Building DepartmentLicensing Board
check if immediate response is required	☐ Selectmen's Office ☐ Health Department
contact person: phone #; _ (revised Sept. 2003)	n official ermit/license #Building DepartmentLicensing BoardSelectmen's OfficeHealth DepartmentOther
AND THE PROPERTY OF THE PROPER	740



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.	Jannligant's husiness:	TC ANTO	Repair		
 Exact name of taxpayer/app Address of taxpayer/app 			3		
Z. Address of taxpayer/app	Heart's outsiness in Soil.	le ville. 1 1 1000	- 1		
3. Address of taxpayer/app					
4. Taxpayer/applicant's ph	none: day:(p]	764199 evening:_	9186584190		
I, John land all the information contained or that the Taxpayer has agreement.	becato ed herein is true and corr	_, the undersigned Taxpay ect and all taxes and fees d	ver, do hereby certify that ue the City have been paid		
SIGNED UNDER THE P.	AINS AND PENALTII	ES OF PERJURY, this	13^{η} day of		
April	, 20 <u>10</u> . <u>×</u>	Taxpayer's signat	.10		
		(Taxpayer's signat	ure)		
CITY'S ACKNOWLEDGEMENT					
DATE OF ISSUANCE: _	Andreas de Company	INCLUDES RELEVANT POSTING	GS THROUGH:		
TAXES AND ACCOUNT	NUMBER(S) INCLU	DED IN CERTIFICATE:			
☐ Real Estate	☐ Water/Sewer	☐ Personal Property	☐ Other:		
0/11/210	# 125079001	# 00000p	#		
NOTES:	7		yaraina		
CLERK'S INITIALS:	$\langle \wedge \rangle$	ORIGINAL STAMP:			