



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

CK-11081
\$1260

APPLICATION TO RENEW OUTDOOR PARKING LICENSE

PAT'S AUTO BODY INC
PO BOX 167
SOMERVILLE, MA 02143

License #: **853**
Fee: **1,260.00**
Account ID: **593**
Reference #: **853**

#7065

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: For PAT'S AUTO BODY, INC. Business Location: 161 LINWOOD ST Business Phone: 617-628-7500	
License Holder: PAT'S AUTO BODY INC PO BOX 167 SOMERVILLE, MA 02143 617-628-7500	
Mailing Address: PAT'S AUTO BODY INC SOMERVILLE, MA 02143	Pat's Auto Body Inc PO BOX 167 Somerville MA 02143
Business Type: CORPORATION (INC. LLC) PRESIDENT - DAVID TAURO SECRETARY - DAVID TAURO	
FID: 042762439	
Food Manager/Emergency Contact: DAVID TAURO 617-293-2010	

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

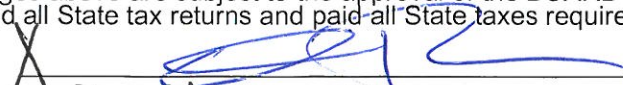
Hours: **NOT APPLICABLE**

63 SPACES

Description of Location and/or Other Conditions:

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: X  Date: 3/20/13
Print Name: David Tauro Phone: 617 293-2010

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: Pats Auto Body Inc
Address: 161 Linwood St
City: Somerville State: MA Zip: 02143 Phone #: 617-628-7500

- I am an employer with 13 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: AmTrust North America / Technology Insurance Co
Address: 2605 Enterprise Road East, Ste 290
City: Clearwater State: FL Zip: 33759 Phone #: 888 486 7466
Policy #: TWC 3327872 Expiration Date: 9/19/13

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: [Signature] Date: 3/20/13
Print Name: David Tauro

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

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



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Pat's Auto Body, Inc

Address of taxpayer/applicant's business in Somerville: 161 Linwood Street

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

Taxpayer/applicant's phone: day: 617 628 7500 evening: 617 293 2010

I, (print name) David Tauro, 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 25th day of March, 2013. [Signature]
(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: _____

20663009 # 145074001 # _____
9017

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED
URB
3-25-13