

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MICHAEL A. PISARI, JR.  
9 HAWKINS STREET  
SOMERVILLE MA 02143

LIC #: 2011-039  
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: HAWKINS STREET AUTOMOTIVE CO., INC. TEL: 617-623-9552  
Company Address: 00003 -00009 HAWKINS ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:     Co:     Corp: X Trust:     Agency     Gov't Ship     Partner Other      
Owner Name: MICHAEL A. PISARI, JR. TEL: 1-978-658-6460  
Owner Address: 9 HAWKINS STREET

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 042455674

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-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-039  
FEE: \$500.00

This is to certify: MICHAEL A. PISARI, JR.  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 07/09/1964

Garage situated at: 00003 -00009 HAWKINS ST  
Doing business as : HAWKINS STREET AUTOMOTIVE CO., INC.  
Shall not exceed: 4 Vehicles Inside & 8 Vehicles Outside, not on public ways  
in addition the following restrictions apply:  
3-9 REAR HAWKIN STREET. AMENDED 12/09/1965.

2011 APR 11 A 11:59  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Michael A. Pisari Jr  
Signature of Applicant

9 HAWKINS STREET  
Address

Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*

Mailed    

Taken X

Received: \$500.00

ck# 1275

4/11/11 - MS

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.

HAWKINS STREET AUTOMOTIVE CO, INC  
\* Signature of Individual or Corporate Name (Mandatory)

Michael Gibson J  
By: Corporate Officer (Mandatory, if a corporation)

04-2455674  
\*\* 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**

- 1. Exact name of taxpayer/applicant's business: Hawkins ST AUTO
- 2. Address of taxpayer/applicant's business in Somerville: 3-9 Hawkins ST
- 3. Address of taxpayer/applicant's home in Somerville: 3-9 Hawkins ST
- 4. Taxpayer/applicant's phone: day: 617 6239552 evening: 6239552

I, Michael Adam, 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 4 day of 11, 2011. Michael Adam  
(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: \_\_\_\_\_

# 16546115      # 23322311      # 07860014      # \_\_\_\_\_

NOTES: 23322311

CLERK'S INITIALS: h      ORIGINAL STAMP: received 4-11-11

OK MS 4/11/11



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: MICHAEL A. PISARI JR

address: 171 TAFT ROAD

city: WILMINGTON state: MASS zip: 01887 phone # 617 658 6460

work site location (full address): 9 HAWKINS STREET SOMERVILLE MASS

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 1 employees (full & part time).  Other AUTOMOBILE REPAIR

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

company name: HAWKINS STREET AUTOMOTIVE CO, INC

address: 9 HAWKINS STREET

city: SOMERVILLE, MASS 02143 phone #: 1 617 623 9552

insurance co: PUBLIC SERVICE MUTUAL INS CO policy #: WC006590

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 sheets 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 Michael A. Pisari Jr Date 04/09/2011

Print name MICHAEL A. PISARI JR Phone # 617 623 9552

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)