



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

CK 33525
\$ 550

APPLICATION TO RENEW GARAGE LICENSE

CATALDO AMBULANCE SERVICE INC
137 WASHINGTON ST
SOMERVILLE, MA 02143

License #: 641

City #G107

Fee: 550.00

Account ID: 526

Reference #: 641

6972

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 CATALDO AMBULANCE SERVICE Business Location: 4 JOY ST Business Phone: 617-625-0126	
License Holder: CATALDO AMBULANCE SERVICE INC 137 WASHINGTON ST SOMERVILLE, MA 02143 617-625-0126	
Mailing Address: CATALDO AMBULANCE SERVICE INC SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - DIANA CATALDO TREASURER - DIANA CATALDO	
FID: 042621862	
Food Manager/Emergency Contact: UNKNOWN	

2013 MAR 19 A 10:33
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **M-F 8A-8P SA 8A-2P**

OPEN TO THE PUBLIC

- | | |
|----------------------|--------------------|
| 1 MECHANICAL REPAIRS | 4 VEHICLES OUTSIDE |
| 10 VEHICLES | |
| 6 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 12/12/1957. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: Robert D. Cataldo

Date 03/11/13

Print Name: ROBERT D. CATALDO

Phone 617-625-0126

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: CATALDO AMBULANCE SERVICE, INC.

Address: 137 WASHINGTON STREET

City: SOMERVILLE

State: MA

Zip: 02143

Phone #: 617-625-0126

- ☒ I am an employer with _____ 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 AMBULANCE SERVICE

Workers' compensation insurance information (if applicable):

Insurance Company Name: ARCADIA INSURANCE COMPANY

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

Policy #: WCA035432912

Expiration Date: 09/19/13

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: _____

Date: 03/11/13

Print Name: ROBERT D. CATALDO

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

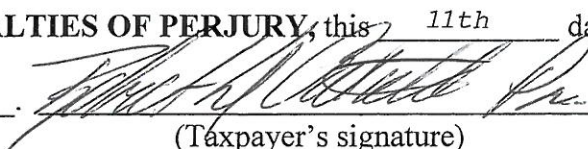
Exact name of taxpayer/applicant's business: Cataldo Ambulance Service, Inc.

Address of taxpayer/applicant's business in Somerville: 137 Washington Street

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

Taxpayer/applicant's phone: day: 617-625-0126 evening: _____

I, (print name) Robert D. Cataldo, 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 11th day of March, 20 13.

(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: _____

15566 # 145017011 # 1291 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB Amb
3-19-13