

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

SALVATORE LENA  
75 WASHINGTON STREET  
SOMERVILLE MA 02143

LIC #: 2012-104  
B.O.A.#

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X 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 \$550.00 not later than April 30, 2012. 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: ALEX AUTO BODY, INC. TEL: 617-776-2429  
Company Address: 00075 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp: X Trust:      Agency      Gov't Partner  
Ship      Other       
Owner Name: SALVATORE LENA TEL: 617-640-8654  
Owner Address: 75 WASHINGTON STREET

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 042815962

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 04/30/2012, 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 #: 2012-104  
FEE: \$550.00

This is to certify: SALVATORE LENA  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 08/27/1981  
Garage situated at: 00075 WASHINGTON ST  
Doing business as : ALEX AUTO BODY, INC.  
Shall not exceed: 5 Vehicles Inside & 3 Vehicles Outside, not on public ways  
in addition the following restrictions apply:  
6/8/2005 Per Lt. V. McLaughlin memo there is no spray booth. Therefore  
no spray painting is allowed at 75 Washington Street. Spray booth  
permission being removed from the license #104.

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

[Signature]  
Signature of Applicant

75 Washington St  
Address

Somerville, MA 02143  
City State Zip

\*\*\* Office Only \*\*\*

Mailed     

Taken     

Received:     

      
City Clerk

# IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Alex Auto Body INC.  
Somerville Address and Zip Code: 75 WASHINGTON ST Somerville MA  
Phone Number of the Business: 617-776-2429 02143

The Legal Name of the License Holder: SALVATORE LENA  
Street Address of the License Holder: 52 HARRIS ST  
City, State and Zip Code of the License Holder: REVERE, MA 02151  
Phone Number of the License Holder: 617-640-8654  
Email Address of the License Holder: ALEXAUTOBODY@VERIZON.NET

Where We Should Send Mail: Name: Alex Auto Body INC.  
Street Address: 75 WASHINGTON ST  
City, State and Zip Code: SOMERVILLE, MA 02143  
Email: ALEXAUTOBODY@VERIZON.NET  
Phone Number: 617-776-2429

Federal ID # (Do Not Give a Social Security #): 042815962

Emergency Contact and Phone (For Fire Dept. Use):

Type of Business (Check Only One and Give the Names Indicated):

☐ Sole Proprietor: Name of Owner:

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:

☐ Trust: Names of All Trustees Who Own More Than 10%:

☒ Corporation (inc. LLC): Name of President: SALVATORE LENA

Name of Secretary:

Name of Treasurer:

Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: 

Date 04/26/2002

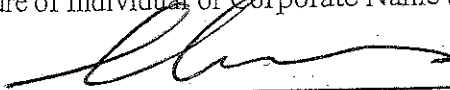
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

Alex Auto Body INC.

\* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

042815962

\*\* 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**

Exact name of taxpayer/applicant's business: Somerville 75 Washington St. LLC.

Address of taxpayer/applicant's business in Somerville: 75 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-776-2489 evening: 617-640-8654

I, (print name) SALVATORE LENA, 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 19<sup>th</sup> day of

April, 20 12. [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: \_\_\_\_\_

# 02066185 # 1091500 # 1305 # \_\_\_\_\_  
15454

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



**RECEIVED**

4-5-12-10



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: Alex Auto Body INC.

address: 75 Washington St

city: Somerville state: MA zip: 02143 phone # 617-776-2429

work site location (full address):

☐ 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 3 employees (full & part time). ☒ Other AUTO REPAIR

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

company name: Nicholas A. Consoles Ins. Agency

address: 153 Andover St

city: Danvers, MA 01923 phone #: 978-223-4037

insurance co. TRAVELERS policy # UB8006P05712

☐ 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: [Signature] Date: 4-19-12

Print name: Salvatore Lena Phone #: 617-776-2429

official use only do not write in this area to be completed by city or town official

city or town: permit/license # ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: phone #: ☐ Selectmen's Office

☐ Health Department

(revised Sept. 2003)

☐ Other