

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

FRANCESCO GIOIOSO
50 SPRAGUE STREET
HYDE PARK MA 02136

LIC #: 2010-251
B.O.A.# 183621

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
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: P.GIOIOSO & SONS TEL: 617-284-2144
Company Address: 00628 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner
Owner Name: FRANCESCO GIOIOSO TEL: 617-284-2144
Owner Address: 50 SPRAGUE STREET

Owner City: HYDE PARK State: MA Zip: 02136
FID#: 042312332

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-07:00 PM
SATURDAY: 07:00 AM-07:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE # 2010-251
FEE \$500.00

This is to certify: FRANCESCO GIOIOSO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/26/2007

Garage situated at: 00628 SOMERVILLE AV
Doing business as : P.GIOIOSO & SONS
Shall not exceed: 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:

- APPROVED FOR 60 DAYS W/CONDITIONS: 1. NO WORK DONE ON PREMISES;
2. VEHICLES OPERATE ON PREMISES;3. PETITIONER FENCE OFF THE PROPERTY;
4. NO WELDING OR CUTTING ON PROPERTY.

THIS LICENSE EXPIRES ON NEXT APRIL 30TH, 2010, OR ON THE CONCLUSION OF
THE SOMERVILLE AVENUE RECONSTRUCTION PROJECT, WHICHEVER COMES SOONER.

This renewal certificate must be signed by the holder of the license.

Check One: Owner ___ Occupant X Holder ___

Signature of Applicant

50 SPRAGUE STREET
HYDE PARK, MA 02136

City State Zip

** Office Use Only **
Mailed X
Taken

Received: 500.00 4/12/10 mg

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.

P. GIOIOSO & SONS, INC.

* Signature of Individual or Corporate Name (Mandatory)

Francesco Gioioso

FRANCESCO GIOIOSO, CEO/TREAS.

By: Corporate Officer (Mandatory, if a corporation)

04-2312332

** 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
P. GIOIOSO & SONS, INC.
50 SPRAGUE STREET
HYDE PARK, MA 02136

- Exact name of taxpayer/applicant's business: _____
- Address of taxpayer/applicant's business in Somerville: 628 Somerville Hwy
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: _____ evening: _____

I, FRANCESCO GIOIOSO, CEO/TREAS., 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 1ST day of APRIL, 2010.
Francesco Gioioso
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>18588180</u>	# <u>241062001</u>	# <u>NA</u>	# <u>N/A</u>

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UB
4-12-10

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: **P. GIOIOSO & SONS, INC.**
 Name: **50 SPRAGUE STREET**
 Address: **HYDE PARK, MA 02136**
 City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with 120 employees (full and/or part time). **Business Type:** Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other CORPORATION/CONSTRUCTION

Workers' compensation insurance information (if applicable):

X Insurance Company Name: LIBERTY MUTUAL GROUP
 Address: 13 RIVERSIDE ROAD
 City: WESTON State: MA Zip: 02493 Phone #: 800-762-5026
 Policy #: WC1-211-251910-169 Expiration Date: 11/30/2010

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: Francesco Gioioso Date: APRIL 1, 2010
 Print Name: FRANCESCO GIOIOSO, CEO/TREAS.

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

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____

(revised Jan. 2008)