



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAY -2 A 9: 21

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

A PLUS AUTOBODY, INC.
295 MEDFORD ST
SOMERVILLE MA 02143

License #: BL15-000733
File #: 15-616
Fee: 605

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: A PLUS AUTOBODY Business Location: 295 MEDFORD ST Business Phone: 617-776-4500	
License Holder: A PLUS AUTOBODY, INC. 295 MEDFORD ST SOMERVILLE MA 02143	
Mailing Address: A PLUS AUTOBODY, INC. 295 MEDFORD ST SOMERVILLE MA 02143	
Business Type: Corporation JOHN FRAGIONE AGOSTINO FEOLA LORI FRAGIONE	
FID: 043160822	
Emergency Contact: JOHN FRAGIONE Phone: 617-784-4085	
Proposed Hours of Operation if outside standard hours: MO-FR 8:30AM-5PM, SA 9AM-5PM # of Vehicles Kept Inside: 20 # of Vehicles Kept Outside: 11 Open to the public? Yes Mechanical repairs? Yes Autobody work? Yes Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: APUS AUTO BODY, INC.

Address of taxpayer/applicant's business in Somerville: 295 Medford St.

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

Taxpayer/applicant's phone: day: 617-776-4500 evening: _____

I, (print name) JOHN FRAGIONE, 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 11 day of MARCH, 2016. John Fragione
(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: _____
~~118013001~~ # 118013001 # _____ # ✓

NOTES:

CLERK'S INITIALS: JR

ORIGINAL STAMP: received
5210

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: A PLUS AUTO BODY, INC.
 Address: 297 Medford St.
 City: Somerville State: MA Zip: 02143 Phone #: 617-776-4500

- I am an employer with 10 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 COLLISION REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS / T. Edmund GARRITY
 Address: 545 Concord Ave Ste 116
 City: CAMBRIDGE State: MA Zip: 02138 Phone #: 888-887-1413
 Policy #: 8B325781 Expiration Date: 4/29/2016

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: John Fragione Date: 3/11/2016
 Print Name: JOHN FRAGIONE

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 _____