

# APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date March 23, 2011

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 4-1-11  
Amount Paid CK 0095655

\$500.00

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Applicant's Legal Name: Cataldo Ambulance Service, Inc Phone: 617-625-0126

Applicant's Address (with Zip Code): 137 Washington Street, Somerville, MA 02143

Applicant's Email Address: \_\_\_\_\_

Applicant's Federal Employer Identification Number: 04-2621862

Business DBA Name (if applicable): \_\_\_\_\_

Business Location (with Zip Code): \_\_\_\_\_

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Mailing Address (with Zip Code): PO Box 435, Somerville, MA 02143

Emergency Contact: Robert Cataldo Phone: 617-625-0126

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP  Trust

Corporation (inc. LLC)  Other

IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Robert Cataldo, President

Address with Zip Code: 137 Washington Street, Somerville, MA 02143

Partner's/Member's/Secretary's Name: Diana Cataldo, Treasurer

Address with Zip Code: 137 Washington Street, Somerville, MA 02143

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2011 MAR 31 P 6:30

Extended hours requested (include hours of operation and days of week) \_\_\_\_\_  
24 hours a day, 7 days a week

Type of business Ambulance and Chair Car transportation

Length of time at this location 28 years

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: *Robert M. Cataldo* Date: 3/24/11

Print Name: Robert Cataldo, President Phone: 617-625-0126

**POLICE DEPT. (for new applicants or applicants further extending their hours):**

The Chief of Police recommends that the application be

Approved

Denied

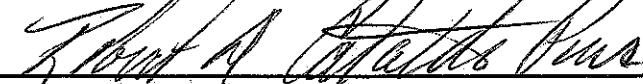
Signature: \_\_\_\_\_ Name and Title: \_\_\_\_\_

**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.

Cataldo Ambulance Service, Inc.

\*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-2621862

\*\*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: 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 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 23rd day of March, 20 11.

(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: \_\_\_\_\_  
# 03113130      # 14517011      # 10310035      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: 9

ORIGINAL STAMP:

received  
1-3-31-11

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:

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). 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 Emergency Ambulance Service

Workers' compensation insurance information (if applicable):

Insurance Company Name: Crum & Forster Commercial Insurance/Hub International  
Address: 299 Balladrvale Street  
City: Wilmington State: MA Zip: 01887 Phone #: 978-657-5100  
Policy #: 4086941481 Expiration Date: \_\_\_\_\_

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: *Robert Cataldo* Date: 3/24/11

Print Name: Robert 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 \_\_\_\_\_