

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

JAMES NAZZARO
66 BURGET AVENUE
MEDFORD

MA 02155

LIC #: 2010-055
B.O.A.#

*** 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: GENERAL GLASS & MIRROR CORP. TEL: 617-625-4460
Company Address: 00231 LOWELL ST

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: ☐ Co: ☐ Corp: ☒ X Trust: ☐ Agency ☐ Gov't ☐ Ship ☐ Partner ☐ Other ☐

Owner Name: JAMES NAZZARO

TEL: _____

Owner Address: 66 BURGET AVENUE

Owner City: MEDFORD

State: MA

Zip: 02155

FID#: 042815684

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: 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 #: 2010-055

FEE: \$500.00

This is to certify: JAMES NAZZARO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/14/1944

Garage situated at: 00231 LOWELL ST

Doing business as : GENERAL GLASS & MIRROR CORP.

Shall not exceed: 5 Vehicles Inside & 5 Vehicles Outside, not on public ways
in addition the following restrictions apply:

CITY CLERK'S OFFICE
SOMERVILLE, MA

200 MAY 12 A 8 46

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

Check One: Owner ☒ Occupant ☐ Holder ☐

James Nazzaro
Signature ☒ Applicant

66 Burget Ave
Address

Medford, Ma 02155
City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: 5-12-2010 CR 38829

\$500-

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.

* James Negrow

* Signature of Individual or Corporate Name (Mandatory)

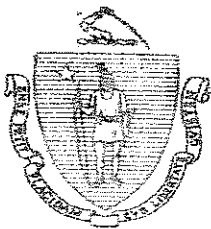
By: Corporate Officer (Mandatory, if a corporation)

019 32 2584

** 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.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: James Mazzaro

address: 66 Burrell Ave

city: Medford

state: Ma

zip: 02155 phone # 781-391-5670

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

☐ I am an employer with _____ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)

☒ Other Building Owner

company name:

address: 231 Lowell St

city: Somerville Ma

phone #:

insurance co.

policy #

☐ 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

James Mazzaro

Date

Print name

James Mazzaro

Phone # 781-391-5670

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

city or town: _____ permit/license # _____

☐ check if immediate response is required

contact person:

phone #:

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other

(revised Sept. 2003)



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: James Nazzaro
2. Address of taxpayer/applicant's business in Somerville: 231 Lowell St
3. Address of taxpayer/applicant's home in Somerville: 66 Burgal Ave Medford, Ma
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, James Nazzaro, 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 13 day of

May, 20 10. James Nazzaro
(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: _____

10382025 # 22805100 # _____

NOTES:

CLERK'S INITIALS: N

ORIGINAL STAMP:

Received
61-5-11-10