

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

KRISCO CORP.  
 444 SOMERVILLE AVENUE  
 SOMERVILLE MA 02143

LIC #: 2011-091  
 B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_ Auto Body Work: X Parking or Storing Vehicles: \_\_\_  
 Washing Vehicles: \_\_\_ Spray Painting: X 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, 2011. 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: KRISCO CORP. D/B/A MAACO AUTO PAINTING TEL: 617-666-4882  
 Company Address: 00444 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_  
 Gov't Partner  
 Owner Name: KRISCO CORP. TEL: 617-666-4882  
 Owner Address: 444 SOMERVILLE AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143  
 FID#: 042971059

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 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
 MONDAY-FRIDAY: 07:00 AM-07:00 PM  
 SATURDAY: 08:00 AM-05:00 PM  
 SUNDAY: CLOSED

Very truly yours,

John J. Long  
 City Clerk

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

LICENSE #: 2011-091  
 FEE: 500.00

This is to certify: KRISCO CORP.  
 has been licensed by the Mayor and the Aldermen of the City of Somerville.  
 Since 11/22/1983  
 Garage situated at: 00444 SOMERVILLE AV  
 Doing business as : KRISCO CORP. D/B/A MAACO AUTO PAINTING  
 Shall not exceed: 75 Vehicles Inside  
 in addition the following restrictions apply:  
 LICENSE CANNOT BE TRANSFERRED WITHOUT APPROVAL OF BOA  
 AMENDED NO PARKING OF EMPLOYEES OR CUSTOMER'S CARS ON SOMERVILLE AVENUE.  
 AMENDED NUMBER OF CARS FROM 100 TO 75 ON BOA #180854, 04/11/2006.

CITY CLERK'S OFFICE  
 SOMERVILLE, MA

2011 APR 14 A 11: 31

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

[Signature]  
 Signature of Applicant  
444 SOMERVILLE AVE  
 Address  
SOMERVILLE MA 02143  
 City State Zip

\*\* Office Use Only \*\*  
 Mailed \_\_\_  
 Taken   
 Received: \_\_\_\_\_  
 \_\_\_\_\_  
 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.

KRISCO COOP.

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04-2971059

\*\* 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: KRISCO CORP / MAACO AUTO PAINTING

Address of taxpayer/applicant's business in Somerville: 444 SOMERVILLE AVE

Address of taxpayer/applicant's home in Somerville: 444 SOMERVILLE AVE

Taxpayer/applicant's phone: day: 617 666 4886 evening: \_\_\_\_\_

I, (print name) KRIS OGONOWSKY, 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 14th day of April, 2011.   
(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: \_\_\_\_\_

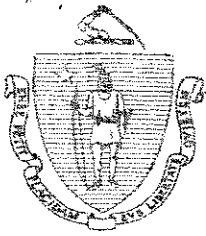
#08301113      #242071001      #03900026      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: URB

ORIGINAL STAMP:

**received**  
**USARROWS**  
4-14-11



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: KRISCO CORP DBA MAACO AUTO PAINTING  
 address: 444 SOMERVILLE AVE  
 city: SOMERVILLE state: MA zip: 02143 phone #: 617 666 4886

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 21 employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: KRISCO CORP  
 address: 444 SOMERVILLE AVE  
 city: SOMERVILLE phone #: 617 666 4886  
 insurance co. UTICA NATIONAL policy #: 4218125

- 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 year's 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: 4/13/11

Print name: KRIS OBONOWSKY Phone #: 617 666 4886

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)