#### CITY OF SOMERVILLE

MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

D.M. AUTO BODY, INC 48 JOY STREET	LIC #: 2011-045 B.O.A.#	
SOMERVILLE MA 02143  *** ENCLOSED IS THE REN ALLOWED USES - (CHOOSE ALL THAT	NEWAL CERTIFICATE FOR YOUR *** APPLY)	
Mechanical Repair: Auto Body Washing Vehicles: Spray Pair ISSUED IN ACCORDANCE WITH THE APPLICATION This Certificate must be signed and for the second than April 30, 2011. Use the expension corrected that the second is the second to the second that the second that it is the second to the second that the second that it is the second to the second that the s	Work: X Parking or Storing Vehicles: nting: X Operating a Tow Vehicle: ABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13 filed with the required fee of \$500.00 not	
Company Address: 00048 JOY ST		
City: SOMERVILLE Stat Check One: Individual: Co: Corp: X Tru Owner Name: D.M. AUTO BODY, INC. Owner Address: 48 JOY STREET	Gov't Partner	
Owner City: SOMERVILLE	State: MA Zip: 02143	
FID#: <u>043003275</u> This renewal is being sent to you as renewal is not returned to City Clerk	a courtesy, please file on time. If this k's office by 04/30/2011, please advise.	
***** HOURS OF OPERSTIONS ***** MONDAY-FRIDAY: 08:00 AM-07:00 PM SATURDAY: 08:00 AM-02:00 PM SUNDAY: CLOSED	M	
OUD GUDDENE THE	City Clerk T	
GARAGE OPEN TO TH	FORMATION SHOWS HE PUBLIC LICENSE #: 2011-045 FEE: \$500.00	
Since 12/09/1976 Garage situated at: 00048 JOY ST	he Aldermen of the City of Somerville.	
Doing business as : D.M. AUTO BODY, INC. Shall not exceed: 8 Vehicles Inside & 7 Vehicles Outside, not on public ways In addition the following restrictions apply:		
	SOMERV -	
	RVII.	
	E S	
This renewal certificate must be sign Check One: Owner Occupant _	Holder m	
Signature of Applicant	** Office Use Only ** Mailed Taken	
48 Soust Address	Received:	
Somewille Ma 02143 City State Zip	City Clerk	
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## 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.

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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.



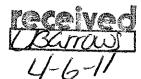
# City of Somerville, Massachusetts Finance Department, Treasury Division

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

### CERTIFICATE OF GOOD STANDING

•	CERTIFICATE OF	- 3002 2212	
<ol> <li>Exact name of taxpaye</li> </ol>	r/applicant's business:	D.M Quto!	body. Inc
2. Address of taxpayer/ap	oplicant's business in Son	merville: 46 7	504-5T
3. Address of taxpayer/ap	oplicant's home in Somer	ville:	in 000 2011
4. Taxpayer/applicant's p	phone: day: (011) - (22)	3-111 evening: <u>(</u>	017-889-3547
all the information contain or that the Taxpayer has agreement.	entered into an agreem	_, the undersigned Taxpayerect and all taxes and fees duent to pay all taxes and fee	es and is current on said
SIGNED UNDER THE	PAINS AND PENALTI	ES OF PERJURY, this	day of
april	,20 <b>\\</b>	Laxpayer's signatu	ure)
	CITY'S ACKN	OWLEDGEMENT	
DATE OF ISSUANCE:		INCLUDES RELEVANT POSTING	S THROUGH:
TAXES AND ACCOUN	T NUMBER(S) INCLU	JDED IN CERTIFICATE:	
Real Estate	Water/Sewer	Personal Property	
# 00870034	# 145024011	# 30000239	#
NOTES:	/ n	ı	
CLERK'S INITIALS:	U5	ORIGINAL STAMP:	rarasiad

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143 (617) 625-6600 Ext. 3500 • TTY: (617) 666-0001 • FAX: (617) 666-9682





# 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

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