

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

GINNY DEPALO
9 GREENE STREET
SOMERVILLE MA 02143

LIC #: 2011-255
B.O.A.# 184118

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: ___
Washing Vehicles: X 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, 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: PEARL STREET AUTO SALES, INC. TEL: 617-406-7941
Company Address: 00056 BONAIR ST

City: SOMERVILLE State: MA Zip: 02145

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

Owner Name: GINNY DEPALO TEL: 617-406-7941
Owner Address: 9 GREENE STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 043492113

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: 08:00 AM-05:00 PM
SATURDAY: 09:00 AM-01:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2011-255
FEE: \$500.00

This is to certify: GINNY DEPALO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 03/27/2008

Garage situated at: 00056 BONAIR ST
Doing business as : PEARL STREET AUTO SALES, INC.
Shall not exceed: 8 Vehicles Inside

in addition the following restrictions apply:

- 1.No parking of any vehicle on street
- 2.Doors to be closed at all times
- 3.No signage on building
- 4.No vehicles to be towed to or from location
- 5.Neighbors to receive 24 hour phone number for complaints at any time 617-406-7941
- 6.License to be issued for three (3) months and to be reviewed by ISD and Alderman to insure compliance.
- 7.No mechanic or auto body to be done inside the premises.
- 8.License to be issued for auto detailing washing and simonizing ONLY.

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

Check One: Owner Occupant Holder

GINNY DEPALO
Signature of Applicant

9 Greene St
Address

Somerville MASS 02143
City State Zip

** Office Use Only **

Mailed _____
Taken _____

Received: 8/23/11 \$500

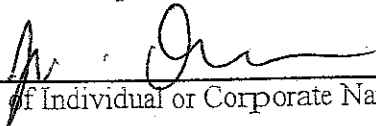
Cash
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE MA
2011 AUG 23 11:27 AM

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)

0434 92113

** 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: PEARL STREET AUTO SALES

Address of taxpayer/applicant's business in Somerville: 56 Bonair St.

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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 _____ day of

_____, 20____.

(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: _____

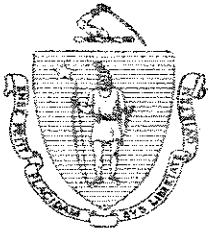
1535 # 115060001 # 60 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: 

8-23-11



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: Ginny DePaio
 address: 9 Greene St
 city: Somerville state: MASS zip: 02143 phone #: 617 764-1777

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 2 employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: (Pearl St Auto) PSA Auto
 address: 56 BOWMAN ST
 city: Somerville MASS phone #: 617 764 1777
 insurance co. Liberty Zurich policy #: 207 664 3836

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 Ginny DePaio Date _____
 Print name _____ Phone # _____

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)