

pd
\$500

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

BROADWAY BRAKE CORPORATION
P.O. BOX 45459
SOMERVILLE MA 02145

LIC #: 2011-015
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:
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, 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: BROADWAY BRAKE CORPORATION TEL: 617-666-1100
Company Address: 00045 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: Gov't Partner
Individual: Co: Corp: X Trust: Agency Ship Other
Owner Name: BROADWAY BRAKE CORPORATION TEL: 617-666-1100
Owner Address: P.O. BOX 45459

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 042954750

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-08:00 PM
SATURDAY: 08:00 AM-03:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2011-015
FEE: \$500.00

This is to certify: BROADWAY BRAKE CORPORATION
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/18/1946
Garage situated at: 00045 BROADWAY
Doing business as : BROADWAY BRAKE CORPORATION
Shall not exceed: 3 Vehicles Inside & 27 Vehicles Outside, not on public ways
in addition the following restrictions apply:
3 INSIDE AND 27 OUTSIDE

APPROVED AS AMENDED: 3 AUTOS FOR USED CAR DEALERS LICENSE CLASS II
01/25/2005 BOA 182630

GARAGE NOW HAS 27 ONLY

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

Walter Mercado
Signature of Applicant

Address

City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____

City Clerk

2011 APR 29 P 3:09
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

Broadway Brake Corp

* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

04-2954750

** 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: Broadway Brake Corp
- Address of taxpayer/applicant's business in Somerville: 45 Broadway
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617-666-1100 evening: 617-924-5512

I, Philip D'Angelo, 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 April, 2011. Philip D'Angelo
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- | | | | |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # <u>87000022</u> | # <u>10/00400/</u> | # <u>01630003</u> | # _____ |

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
4/21/11



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: _____
 address: _____
 city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): 45 Broadway, Somerville, MA 02145

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 _____ employees (full & part time). Other

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

company name: Broadway Brake Corp
 address: 45 Broadway
 city: Somerville, MA 02145 phone #: 617-666-1100
 insurance co.: Chartis policy #: WC 9870804

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: *Philip D'Angelo* Date: 4/13/11
 Print name: Philip D'Angelo Phone #: 617-666-1100

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)