

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

D.M. AUTO BODY, INC.
48 JOY STREET
SOMERVILLE MA 02143

LIC #: 2012-045
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 \$550.00 not later than April 30, 2012. 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: D.M. AUTO BODY, INC. TEL: 617-623-1111
Company Address: 00048 JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Gov't Partner Other ___
Owner Name: D.M. AUTO BODY, INC. TEL: 617-623-1111
Owner Address: 48 JOY STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 043003275

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-07:00 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 #: 2012-045
FEE: \$550.00

This is to certify: D.M. AUTO BODY, INC.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1976
Garage situated at: 00048 JOY ST
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:

CITY CLERK'S OFFICE
2012 APR -5 A 10:46

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

[Signature]
Signature of Applicant

48 Joy St
Address

Somerville Ma 02143
City State Zip

** Office Use Only **
Mailed ___
Taken ✓
Received: 4/6/12 - ms
\$550.00 ck # 1666
City Clerk

IMPORTANT

#533
RCF 647

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: D.M. Auto Body, Inc
 Somerville Address and Zip Code: 48 Joy St 02143
 Phone Number of the Business: 617-623-1111

6 The Legal Name of the License Holder: D.M. Auto Body, Inc
 Street Address of the License Holder: 48 Joy St
 City, State and Zip Code of the License Holder: Somerville Ma 02143
 Phone Number of the License Holder: 617-623-1111
 Email Address of the License Holder: ironhorse.cycle@verizon.net

8 Where We Should Send Mail: Name: D.M. Auto Body, Inc
 Street Address: 48 Joy St
 City, State and Zip Code: Somerville MA 02143
 Email: ironhorse.cycle@verizon.net
 Phone Number: 617-623-1111

Federal ID # (Do Not Give a Social Security #): 04-3003275

Emergency Contact and Phone (For Fire Dept. Use): Lawrence Cardone 617-823-5906

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: _____
 Corporation (inc. LLC): Name of President: Donald Mazzeo
 Name of Secretary: Lawrence Cardone
 Name of Treasurer: Lawrence Cardone
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
 -All information shown above is true and accurate.
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.
 -I have filed all State tax returns and paid all State taxes required by law for this business.

8 License Holder Signature: James R. Cardone Date 3/22/12

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.

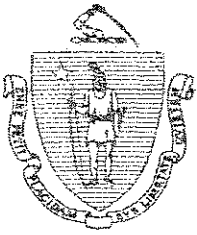
D.M. Auto Body, Incorporated
* Signature of Individual or Corporate Name (Mandatory)

[Signature]
By: Corporate Officer (Mandatory, if a corporation)

043003275
** 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: D.M. AtoBody, Inc
 address: 48 Joy St
 city: Somerville Ma state: Ma zip: 02143 phone # 617-623-1111

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

company name: Associated Employers Insurance Co
 address: P.O. BOX 4070
 city: Burlington Ma 01803 phone #: 1800-876-2765
 insurance co. policy # 5004476012009

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 Laurence McCardne Date 3/22/12
 Print name Laurence McCardne Phone # 617-623-1111

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)



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: D.M. Auto Body Inc

Address of taxpayer/applicant's business in Somerville: 48 Joy St

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

Taxpayer/applicant's phone: day: 617-623-1111 evening: 617-889-3547

I, (print name) Lawrence M Cardone, 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 22 day of

March, 2012. Lawrence M Cardone
(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: _____

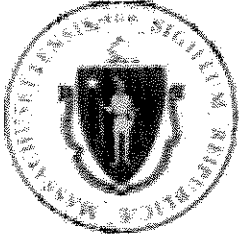
00870034 # 145024011 # 30000239 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP 

RECEIVED
UBarrows
4-5-12



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

D.M. AUTO BODY, INC. Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: D.M. AUTO BODY, INC.

Entity Type: Domestic Profit Corporation

Identification Number: 043003275

Old Federal Employer Identification Number (Old FEIN): 000271267

Date of Organization in Massachusetts: 04/06/1988

Current Fiscal Month / Day: 12 / 31

Previous Fiscal Month / Day: 00 / 00

The location of its principal office:

No. and Street: 48 JOY ST.
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

Name and address of the Registered Agent:

Name: LARRY CARDONE
No. and Street: 48 JOY STREET
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	DONALD J. MAZZEO	6 GLENDALL RD., STONEHAM, MA 02180 USA	
TREASURER	LAWRENCE CARDONE	18 ENGLEWOOD AVE. CHELSEA, MA 02150 USA	NONE
TREASURER	LAWRENCE CARDONE	18 ENGLEWOOD AVE. CHELSEA, MA 02150 USA	
SECRETARY	LAWRENCE CARDONE	18 ENGLEWOOD AVE. CHELSEA, MA 02150 USA	NONE
DIRECTOR	RONALD J. MAZZEO	6 GLENDALE RD.	NONE