

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

WILLIAM A. PANZINO, JR.  
20 BROADMEADOW LANE  
ABINGTON MA 02351

LIC #: 2011-088  
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: FRED M. SUSAN & SONS AUTO REPAIR TEL: 617-776-1570  
Company Address: 00267 -00269 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: WILLIAM A. PANZINO, JR.

TEL: \_\_\_\_\_

Owner Address: 20 BROADMEADOW LANE

Owner City: ABINGTON State: MA Zip: 02351

FID#: 043179723

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-06:00 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 #: 2011-088

FEE: \$500.00

This is to certify: WILLIAM A. PANZINO, JR.  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 02/11/1926

Garage situated at: 00267 -00269 SOMERVILLE AV

Doing business as : FRED M. SUSAN &amp; SONS AUTO REPAIR

Shall not exceed: 12 Vehicles Inside

in addition the following restrictions apply:

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
JUN - 9 A 9:22

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

Check One: Owner ✓ Occupant \_\_\_\_\_ Holder \_\_\_\_\_

William A. Panzino J.  
Signature of Applicant

20 BROADMEADOW LANE

Address

ABINGTON MA 02351  
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.

FMS AUTO BODY INC

\* Signature of Individual or Corporate Name (Mandatory)

Willie A Panzino Jr.

By: Corporate Officer (Mandatory, if a corporation)

04-3179723

\*\* 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: FRED M. SUSAN AUTOBODY

Address of taxpayer/applicant's business in Somerville: 269 SOMERVILLE AVE

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-776-1570 evening: 781-307-7805

I, (print name) WILLIAM A. PANZINO Jr, 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 23<sup>RD</sup> day of

May, 20 11. William A Panzino Jr  
(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: \_\_\_\_\_

# 19656021 # 120031011 # 36050431 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

received  
Bananos

6-9-11



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: WILLIAM A PANZINO JR

address: 269 SOMERVILLE AVE

city: SOMERVILLE

state: MA

zip: 02143 phone # 617-776-1570

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 3 employees (full & part time). ☐ Other

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

company name: FMS AUTO BODY INC / DBA FRED M SUSAN AUTO BODY

address: 269 SOMERVILLE AVE

city: SOMERVILLE MA 02143

phone #: 617-776-1570

insurance co. GUARD INSURANCE GROUP

policy # FMWC 215752

☐ 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 William A Panzino Jr

Date 5/23/11

Print name WILLIAM A PANZINO JR

Phone # 617-776-1570

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)