

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

GINNY DEPALO  
9 GREENE STREET  
SOMERVILLE

MA 02143

LIC #: 2012-255  
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 \$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: PSA/PEARL STREET AUTO SALES, INC. TEL: 617-406-7941Company Address: 00056 BONAIR STCity: SOMERVILLE State: MA Zip: 02145

Check One:

Individual:\_\_\_ Co:\_\_\_ Corp: X Trust:\_\_\_ Agency\_\_\_ Ship\_\_\_ Other\_\_\_Owner Name: GINNY DEPALO TEL: 617-406-7941Owner Address: 9 GREENE STREETOwner City: SOMERVILLE State: MA Zip: 02143FID#: 043492113This 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-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 #: 2012-255

FEE: \$10.00

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 : PSA/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 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 if any
- 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\_\_\_

Signature of Applicant

9 Greene St

Address

Somerville MA

02143

City

State

Zip

\*\* Office Use Only \*\*

Mailed

Taken

Received: 7-10-12 CK 1277

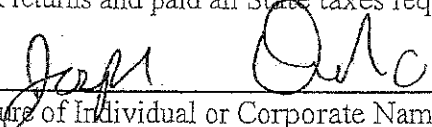
\$550-

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.

  
\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

27 0219654  
\*\* 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: PSA Pearl St Auto

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

Address of taxpayer/applicant's home in Somerville: 9 Greene St

Taxpayer/applicant's phone: day: 617-406-7991 evening: 617-764-1777

I, (print name) Gina Delano, 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 5-17-12 day of May, 2012. [Signature]  
(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: \_\_\_\_\_  
# 03/54/50 # 115060001 # 60 # \_\_\_\_\_

NOTES: 1535

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

 **RECEIVED**  
5-16-12

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit- General Business**

**Applicant information:**

Name:

PSA

Address:

56 BONAN ST

City:

Somerville

State:

MASS

Zip:

02146

Phone #:

6174067744

☒ I am an employer with 0 employees  
(full and/or part time).

☐ I am a sole proprietor or partnership and have no employees.

☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.

☐ We are a nonprofit organization staffed by volunteers and have no employees.

**Business Type:**

☐ Retail

☐ Restaurant/Bar/Eating Establishment

☐ Office and/or Sales (real estate, auto, etc.)

☐ Nonprofit

☐ Entertainment

☐ Manufacturing

☐ Health Care

☐ Other

**Workers' compensation insurance information (if applicable):**

Insurance Company Name:

Address:

City:

State:

Zip:

Phone #:

Policy #:

Expiration Date:

**Applicant certification:**

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:

*Gary DelAb*

Date:

7-10-12

Print Name:

GARY DELAB

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town:

Permit/License #:

- ☐ Board of Health
- ☐ Building Department
- ☐ City/Town Clerk
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Other

Contact Person:

Phone #: