



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

PAST DUE

APPLICATION TO RENEW GARAGE LICENSE

FRED M SUSAN AUTO BODY
269 SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: 753
City #G88
Fee: 550.00
Account ID: 636
Reference #: 753

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: FRED M. SUSAN AUTO BODY Business Location: 269 SOMERVILLE AVE Business Phone: 617-776-1570	
License Holder: FRED M SUSAN AUTO BODY 269 SOMERVILLE AVE SOMERVILLE, MA 02143 617-776-1570	
Mailing Address: FRED M SUSAN AUTO BODY 269 SOMERVILLE AVE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - WILLIAM PANZINO SECRETARY - WILLIAM PANZINO TREASURER - WILLIAM PANZINO	
FID: 043179723	
Food Manager/Emergency Contact: BILL PANZINO 781-307-7805	

2014 JUN -4 A 9:10
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- 1 AUTO BODY WORK
- 1 SPRAY PAINTING
- 12 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 2/11/1926. No Mechanical Repairs. No Washing Vehicles. No Operating Tow Vehicles.

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 BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: William A. Panzino Jr. Date: 5/21/14
Print Name: William A. Panzino Jr. Phone: 617-776-1570



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: FRED M. SUSAN AUTO BODY

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 21ST day of MAY, 2014. Will 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: _____

N/A # 120031001 # 1083 # _____

NOTES:

CLERK'S INITIALS: @

ORIGINAL STAMP: 

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: FMS AUTOBODY INC / DBA - FRED M. SUSAN AUTO BODY
 Address: 269 SOMERVILLE AVE
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-1570

- I am an employer with 4 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 Auto Body Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: NOR GUARD INSURANCE CO
 Address: 16 SOUTH RIVER ST
 City: WILKES-BARRE State: PA Zip: 18103 Phone #: 800-673-2465
 Policy #: FMWC532055 Expiration Date: 4/15/15

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: William A. Panzino Jr Date: 5/21/14
 Print Name: WILLIAM A. PANZINO JR

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

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

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



Policy Information Page

[1] Named Insured and Mailing Address

FMS Auto Body, Inc.
 268 Somerville Avenue
 Somerville, MA 02143

Agency

CLUETT COMMERCIAL INS AGY
 8 PEMBROKE ST
 Kingston, MA 02364
 Agency Code: MACCIA10

Federal Employer's ID 04-3179723
Risk ID Number 000061364

Insured is Corporation

[2] Policy Period

From April 15, 2014 to April 15, 2015, 12:01 AM, standard time at the insured's mailing address.

[3] Coverage

- A. Workers' Compensation Insurance - **Part One** of this policy applies to the Workers' Compensation Law of the following states: Massachusetts
- B. Employer's Liability Insurance - **Part Two** of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:

Bodily Injury by Accident - each accident	\$100,000
Bodily Injury by Disease - each employee	\$100,000
Bodily Injury by Disease - policy limit	\$500,000
- C. Other States Insurance - Part Three of this policy applies to all states, except any state listed in item [3]A. and the states of North Dakota, Ohio, Washington, and Wyoming.
- D. This policy includes these endorsements and schedules:
 See Extension of Information Page - Schedule of Forms

[4] Premium

The Premium Basis and, therefore, the premium will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All required information is subject to verification and change by audit. (Continued on another page)

Total Estimated Policy Premium	\$	2,994
Total Surcharges/Assessments	\$	88.00
Total Estimated Cost	\$	3,082.00