

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

KRISCO CORP.
444 SOMERVILLE AVENUE
SOMERVILLE MA 02143

LIC #: 2010-091
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, 2010. 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: KRISCO CORP. D/B/A MAACO AUTO PAINTING TEL: 617-666-4882
Company Address: 00444 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Partner
Ship Other
Owner Name: KRISCO CORP. TEL: 617-666-4882
Owner Address: 444 SOMERVILLE AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 042971059

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 07:00 AM-07:00 PM
SATURDAY: 08:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2010-091
FEE: \$500.00

This is to certify: KRISCO CORP.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 11/22/1983

Garage situated at: 00444 SOMERVILLE AV
Doing business as : KRISCO CORP. D/B/A MAACO AUTO PAINTING
Shall not exceed: 75 Vehicles Inside
in addition the following restrictions apply:

LICENSE CANNOT BE TRANSFERRED WITHOUT APPROVAL OF BOA
AMENDED NO PARKING OF EMPLOYEES OR CUSTOMER'S CARS ON SOMERVILLE AVENUE.
AMENDED NUMBER OF CARS FROM 100 TO 75 ON BOA #180854, 04/11/2006

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

Signature of Applicant

444 Somerville Ave

Address

Somerville, MA 02143

City

State

Zip

** Office Use Only **

Mailed
Taken ✓

Received: 500.00

4/6/10

City Clerk



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Krisco Corp. Mural Art Painting
2. Address of taxpayer/applicant's business in Somerville: 444 Somerville Ave
3. Address of taxpayer/applicant's home in Somerville: 444 Somerville Ave
4. Taxpayer/applicant's phone: day: 617-666-4586 evening: _____

I, Kristophe Oganski, 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 5th day of April, 2010.
(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: _____
08301113 # 242071001 # 0890000216 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

Received
4-6-10



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: KRISCO CORP
address: 444 SOMERVILLE AVE
city: SOMERVILLE state: MA zip: 02143 phone # 617 666 4886

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 20 employees (full & part time). ☐ Other
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: KRISCO CORP DBA MAACO
address: 444 SOMERVILLE AVE
city: SOMERVILLE MA 02143 phone #: 617 666 4886
insurance co. UTICA policy # 48 428125

☐ 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: [Signature] Date: 4/2/10
Print name: KRIS OGONOWSKY Phone #: 617 666 4886

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)

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)

042871059

** 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.