

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

LUCIANO ROSSETTI  
508 SOMERVILLE AVENUE  
SOMERVILLE MA 02143

LIC #: 2011-095  
B.O.A.# 165822

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles:     

Washing Vehicles:      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 \$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: INTERNATIONAL AUTO REPAIR, INC. TEL: 617-776-6900  
Company Address: 00508 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp: X Trust:      Agency      Gov't      Partner       
Ship      Other       
Owner Name: LUCIANO ROSSETTI TEL: 781-279-2775  
Owner Address: 508 SOMERVILLE AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 043244455

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 #: 2011-095  
FEE: \$500.00

This is to certify: LUCIANO ROSSETTI  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 09/13/1979

Garage situated at: 00508 SOMERVILLE AV  
Doing business as : INTERNATIONAL AUTO REPAIR, INC.  
Shall not exceed: 2 Vehicles Inside & 8 Vehicles Outside, not on public ways  
in addition the following restrictions apply:  
NOT TO EXCEED 10 VEHICLES INSIDE AND OUTSIDE.  
TRANSFERRED TO INTERNATIONAL AUTO REPAIR, INC. 11/8/99. AMENDED FROM  
4 VEHICLES TO 10 VEHICLES. B.O. #167869, 09/29/00

2011 JUN 14 P 3:05  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Luciano Rossetti  
Signature of Applicant  
508 SOMERVILLE AVE  
Address  
SOMERVILLE MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed       
Taken       
Received: 6/14/11 - MS  
\$500.00 ck# 28191  
City Clerk



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: INTERNATIONAL AUTO REPAIR

address: 508 SOMEVILLE AVE

city: SOMEVILLE state: MASS zip: 02143 phone #: 617 776 6900

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 \_\_\_\_\_ employees (full & part time).  Other \_\_\_\_\_

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

company name: INTERNATIONAL AUTO REPAIR

address: 508 SOMEVILLE AVE

city: SOMEVILLE MA 02143 phone #: 617 776 6900

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

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: Luciano Rossetti Date: 5/2/11

Print name: LUCIANO ROSSETTI Phone #: 617 776 6900

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department

- check if immediate response is required  Licensing Board  Selectmen's Office  Health Department  Other \_\_\_\_\_

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: INTERNATIONAL AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 508 SOMERVILLE AVE

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

Taxpayer/applicant's phone: day: 617 776 6900 evening: \_\_\_\_\_

I, (print name) LUCIANO ROSSETTI, 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 \_\_\_\_\_ day of

MAY, 2011. *Luciano Rossetti*  
(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: \_\_\_\_\_  
# 18588009      # 242078001      # 30056473      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

 **RECEIVED**  
6-24-11  
Banaw

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.

INTERNATIONAL AUTO REPAIR

\* Signature of Individual or Corporate Name (Mandatory)

Lucrecia Rossetto

By: Corporate Officer (Mandatory, if a corporation)

043 244 455

\*\* 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.