

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

JOHN TERNULLO
30 CONSTANTINE DR.
TYNSBORO MA 01879

LIC #: 2012-241
B.O.A.# 181057

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X 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 \$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: WALNUT HILL AUTO BODY, INC. TEL: 617-625-6700
Company Address: 00235 LOWELL ST

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: Co: Corp: X Trust: Agency: Gov't Partner
Ship Other 6838
Owner Name: JOHN TERNULLO TEL: 978-649-9929
Owner Address: 30 CONSTANTINE DR.

Owner City: TYNSBORO State: MA Zip: 01879
FID#: 042947951

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 04/30/2012, 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 #: 2012-241
FEE: \$550.00

This is to certify: JOHN TERNULLO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/11/2006
Garage situated at: 00235 LOWELL ST
Doing business as : WALNUT HILL AUTO BODY, INC.
Shall not exceed: 8 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:
OPEN AFTER 2:00PM IF NECESSARY BOA #181057 4/27/2006

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

John A Ternullo
Signature of Applicant
30 Constantine Dr.
Address

Tynsboro Ma 01879
City State Zip

** Office Use Only **
Mailed
Taken
Received:

City Clerk

4/27/2012

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	<u>WALNUT HILL AUTO BODY INC</u>
Somerville Address and Zip Code:	<u>235 LOWELL STREET 02144</u>
Phone Number of the Business:	<u>617-625-6700</u>

The Legal Name of the License Holder:	<u>JOHN A. TERNULLO</u>
Street Address of the License Holder:	<u>30 CONSTANTINE DR.</u>
City, State and Zip Code of the License Holder:	<u>TYNGSBORO, MA. 01879</u>
Phone Number of the License Holder:	<u>978-649-6838</u>
Email Address of the License Holder:	<u>WHABINC @ VERIZON. NET</u>

Where We Should Send Mail: Name:	<u>WALNUT HILL AUTO BODY INC</u>
Street Address:	<u>235 LOWELL ST.</u>
City, State and Zip Code:	<u>SOMERVILLE MA 02144</u>
Email:	<u>WHABINC @ VERIZON. NET</u>
Phone Number:	<u>617-625-6700</u>

Federal ID # (Do Not Give a Social Security #):	<u>042 947 951</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>978-649-6838</u>
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Type of Business (Check Only One and Give the Names Indicated):
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: <u>JOHN A. TERNULLO</u>
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
Trust: Names of All Trustees Who Own More Than 10%:
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: <u>JOHN A. TERNULLO</u>
Name of Secretary: <u>SAME</u>
Name of Treasurer: <u>SAME</u>
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: John A. Ternullo Date: 4/23/2012

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 APR 27 PM 4:33

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.

WALNUT HILL AUTO BODY INC.
* Signature of Individual or Corporate Name (Mandatory)

John A. Ferruolo
By: Corporate Officer (Mandatory, if a corporation)

042 947 951
** 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: WALNUT HILL AUTO BODY INC

Address of taxpayer/applicant's business in Somerville: 235 HOWELL ST.

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

Taxpayer/applicant's phone: day: 617-625-6700 evening: 978-649-6838

I, (print name) JOHN A. TERNULO, 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 23rd day of April, 2012. John A. Terullo
(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:

20664190 # 22805103 # 770 # _____
9151

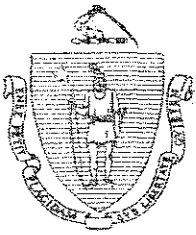
NOTES:

CLERK'S INITIALS: CL

ORIGINAL STAMP:

2012 APR 27 12:13
CITY CLERK'S OFFICE
SOMERVILLE, MA

RECEIVED
4-25-12



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: WALNUT HILL AUTO BODY INC
 address: 235 LOWELL ST.
 city: SOMERVILLE state: MA zip: 02144 phone # 617-625-6700

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:

address:

city: _____ phone #: _____

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 year's 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 John A. TERNOLLO Date 4/23/2012
 Print name JOHN A. TERNOLLO Phone # 617-625-6700

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

contact person: _____ phone #: _____ Selectmen's Office
 Health Department
 Other _____

(revised Sept. 2003)