



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2015 MAR 25 P 1.33

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

CATALDO AMBULANCE SERVICE INC
137 WASHINGTON ST
SOMERVILLE MA 02143

License #: BL15-000641
File #: 15-526
Fee: 550

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: CATALDO AMBULANCE SERVICE INC	
Business Location: 4 JOY ST Business Phone: 617-625-0126	
License Holder: CATALDO AMBULANCE SERVICE INC 137 WASHINGTON ST SOMERVILLE MA 02143	
Mailing Address: CATALDO AMBULANCE SERVICE INC 137 WASHINGTON ST SOMERVILLE MA 02143	
Business Type: Corporation ROBERT CATALDO DIANA CATALDO DIANA CATALDO	
FID: 042621862	
Emergency Contact: UNKNOWN Phone:	
Proposed Hours of Operation if outside standard hours: M-F 8A-8P SA 8A-2P # of Vehicles Kept Inside: 6 # of Vehicles Kept Outside: 4 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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: _____

Date: _____

3/23/15



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

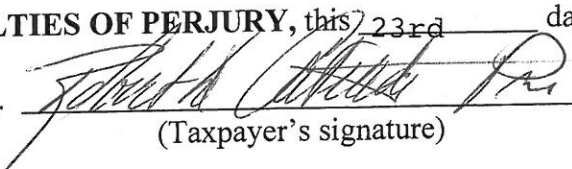
Exact name of taxpayer/applicant's business: CATALDO AMBULANCE SERVICE, INC.

Address of taxpayer/applicant's business in Somerville: 137 WASHINGTON STREET

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

Taxpayer/applicant's phone: day: (617) 625-0126 evening: _____

I, (print name) ROBERT D. CATALDO, 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 MARCH, 20 15.

(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: _____

15824 # 145012011 # 1227 # _____

NOTES:

CLERK'S INITIALS: UR8

ORIGINAL STAMP:



URBancus
4-3-15

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: CATALDO AMBULANCE SERVICE, INC.

Address: 137 WASHINGTON STREET

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-625-0126

- ☐ I am an employer with _____ employees (full and/or part time). Business Type: ☐ Retail
- ☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
- ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
- ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
- ☐ ☐ Entertainment
- ☐ ☐ Manufacturing
- ☐ ☐ Health Care
- ☒ Other AMBULANCE SERVICE

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INSURANCE

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: SAI1256F9148 Expiration Date: 10/03/15

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: *Robert D. Cataldo* Date: 03/23/15

Print Name: ROBERT D. CATALDO

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 _____