

**NEW**  
**GARAGE LICENSE APPLICATION**

2012 MAR -5 A 9:21


CITY CLERK'S OFFICE  
SOMERVILLE, MA

Application Fee \$550.00

Date February 13, 2012

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>3/5/12</u>
Amount Paid	<u>\$550 + \$75</u>

- New Application  
 Renewing Application with Additions or Changes  
 Renewing Application with NO Additions or Changes

For the storage of 10 vehicles inside   
8 vehicles outside

Business (DBA) Name: Mac's Auto Body, Corp. Phone: (617) 776-1166

Business Location (with Zip Code): 53 Russell Street, Somerville, MA 02144

Applicant's Legal Name: Mac's Auto Body, Corp.

Applicant's Address (with Zip Code): 53 Russell Street, Somerville, MA 02144

Applicant's Email Address: kdardeno@dardeno.com

Applicant's Federal Employer Identification Number: 45-4590544

Mailing Name (where we should send correspondence to): c/o Kara Dardeno, Esq.

Mailing Address (with Zip Code): 424 Broadway, Somerville, MA 02145

Emergency Contact: David Medeiros Phone: (781) 391-4591

Salvatore Agliata (781) 854-2478

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  
 Corporation (inc. LLC)  Other \_\_\_\_\_

**IF A SOLE PROPRIETOR:**

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

**IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):**

~~Partner's/Member's/~~President's Name: Salvatore Agliata

Address with Zip Code: 53-55 Russell Street, Somerville, MA 02144

~~Partner's/Member's/~~Secretary's Name: David C. Medeiros

Address with Zip Code: 53-55 Russell Street, Somerville, MA 02144

~~Partner's/Member's/~~Treasurer's Name: David C. Medeiros

Address with Zip Code: 53-55 Russell Street, Somerville, MA 02144

1. Will you be open to the public at this location? Y  N
2. Will you be doing mechanical repairs of vehicles at this location? Y  N
3. Will you be doing autobody work on vehicles at this location? Y  N
4. Will you be spray painting vehicles or parts at this location? Y  N
5. Will you be washing vehicle at this location? Y  N
6. Will you be charging money to park vehicles at this location? Y  N
7. Will you be storing registered vehicles at this location? Y  N
8. Will you be storing unregistered vehicles at this location? Y  N
9. Will you be operating a tow vehicle at this location? Y  N

Have you ever obtained a garage license before? Y  N

If yes, list year, city and state \_\_\_\_\_

Have you ever been denied a garage license? Y  N

If yes, list year, city and state \_\_\_\_\_

Have you ever had a garage license revoked or suspended? Y  N

If yes, list year, city and state \_\_\_\_\_

Describe all of the premises to be used in the business: \_\_\_\_\_

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

N/A

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: *[Signature]* Date February 21, 2012

Business Name: Mac's Auto Body, Corp.

Business Address: 53 Russell Street, Somerville, MA 02144

**INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The building located at the premises mentioned above is in a \_\_\_\_\_ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 10 inside  
8 outside

Signature: *[Signature]* Date: 3-5-2012  
Print Name: Eddie Murru Title: Supervisor

**FIRE PREVENTION BUREAU RECOMMENDATION**

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: *[Signature]* Date February 21, 2012

Business Name: Mac's Auto Body, Corp.

Business Address: 53 Russell Street, Somerville, MA 02144

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- The use requires a special permit
- The use is prohibited

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Maximum number of motor vehicles to be kept on the premises: 10 inside  
8 outside

Signature: *[Signature]* Date: 3-5-2012

Print Name: EDDIE NUZZO Title: Inspector

**FIRE PREVENTION BUREAU RECOMMENDATION**

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: *[Signature]* Date: 2/29/12

Print Name: ROBERT MACLAURHAN Title: LIEUTENANT

**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.

Mac's Auto Body, Corp.

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\*Signature of Individual or Corporate Name (Mandatory)

*Salvatore Agliata*

*David C. Medeiros*

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By: Corporate Officer (Mandatory, if a corporation)

Salvatore Agliata, President  
45-4590544

David C. Medeiros, Treasurer

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\*\*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: Mac's Auto Body, Corp.

Address of taxpayer/applicant's business in Somerville: 53 Russell Street

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: (781) 854-2478 evening: \_\_\_\_\_

I, (print name) Salvatore Agliata, President, Mac's Auto Body, Corp., 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 1st day of

March

, 2012

(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: \_\_\_\_\_

# 13482187      # 02104601      # 1008      # \_\_\_\_\_

NOTES: 13140

CLERK'S INITIALS: a

ORIGINAL STAMP:

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: Mac's Auto Body, Corp.

Address: 53-55 Russell St., Somerville

City: Somerville

State: MA

Zip: 02144

Phone #: 781-854-2478

- I am an employer with 0 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 auto body

Workers' compensation insurance information (if applicable):

Insurance Company Name:

Address:

City:

State:

Zip:

Phone #:

Policy #:

Expiration Date:

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: Salvatore Agliata David Medeiros Date: 3/1/2012

Print Name: Salvatore Agliata, President and David Medeiros, Treasurer

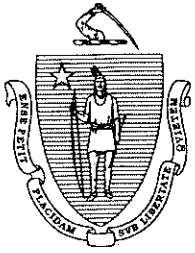
Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

(revised Jan. 2008)



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

February 10, 2012

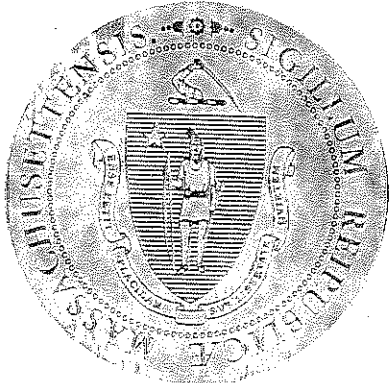
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

**MAC'S AUTO BODY, CORP.**

is a domestic corporation organized on **November 23, 2011**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth