

\$500-

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

JOHN TERNULLO
30 CONSTANTINE DR.
TYNSBORO

MA 01879

LIC #: 2010-241
B.O.A.# 181057

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ 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, 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: 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: ☒ Trust: ☐ Agency ☐ Gov't ☐ Ship ☐ Partner ☒ 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 04/30/2010, 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 #: 2010-241

FEE: \$500.00

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 Ternullo
Signature of Applicant

30 Constantine Dr
Address

Tynsboro
City

Ma
State

01879
Zip

** Office Use Only **

Mailed ☐

Taken ☐

Received: _____

City Clerk

2010 APR 26 / P 3:30
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

Halmark Fuel Auto Body Inc.
* Signature of Individual or Corporate Name (Mandatory)

Joe Pennelly
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.

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: WALNUT Hill Auto Body Inc
Address: 235 LOWELL ST
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-625-6700

- ☒ 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 Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: TECHNOLOGY INS. CO
Address: 5800 LOMBARD CENTER
City: CLEVELAND State: OH Zip: 44131 Phone #: 877-528-7878
Policy #: TW63241065 Expiration Date: 6/14/2010

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: John Ternullo Date: 4/21/2010
Print Name: JOHN TERNULLO

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 _____



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: WALNUT HILL AUTO BODY INC
2. Address of taxpayer/applicant's business in Somerville: 235 LOWELL ST.
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-625-6700 evening: 978-649-6838

I, JOHN TERNUCCIO, 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 21st day of

April, 20 10. John Ternuccio
(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 # 22805/03 # 02820021 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
4-26/10