



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Garage License

2015 APR 30 P 4:02

ALEX AUTO BODY, INC.
75 WASHINGTON ST
SOMERVILLE MA 02143

License # 000769
CITY CLERK'S OFFICE
SOMERVILLE, MA 02143
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: ALEX AUTO BODY, INC. Business Location: 75 WASHINGTON ST Business Phone: 617-776-2429	
License Holder: ALEX AUTO BODY, INC. 75 WASHINGTON ST SOMERVILLE MA 02143	
Mailing Address: ALEX AUTO BODY, INC. 75 WASHINGTON ST SOMERVILLE MA 02143	
Business Type: Corporation SALVATORE LENA SALVATORE LENA SALVATORE LENA	
FID: 042815962	
Emergency Contact: SALVATORE LENA Phone: 617-640-8654	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 5 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? Yes 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	3

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: [Signature] Date: 3-24-15

Printed Name: Salvatore Lena Phone: 617-776-2429



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Somerville 75 Washington St. LLC

Address of taxpayer/applicant's business in Somerville: 75 Washington St

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

Taxpayer/applicant's phone: day: 617-776-2429 evening: 617-640-8654

I, (print name) Salvatore Lena, 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 24th 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:

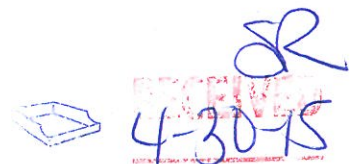
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

15810 # 169105001 # _____ # _____

NOTES:

CLERK'S INITIALS: SR

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: Alex Auto Body INC.

Address: 75 Washington St

City: Somerville State: MA Zip: 02143 Phone #: 617-776-2429

- ☒ I am an employer with 2 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: Nicholas Consoles INS. Agency

Address: 153 Andover St

City: Danvers State: MA Zip: 01923 Phone #: 978-223-4037

Policy #: UB8006P057 Expiration Date: 3-25-16

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: [Signature] Date: 3-24-15

Print Name: SALVATORE LENA

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 _____