

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

JOSEPH DEPALO, JR.
 9 GREENE STREET
 SOMERVILLE MA 02143

LIC #: 2011-029
 B.O.A.# 188129

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicles: X

Washing Vehicles: X 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 \$500.00 not
 later than April 30, 2011. 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: SOMERVILLE BODY WORKS, INC TEL: 617-764-0808
 Company Address: 00042 DANA ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
 Gov't Partner

Owner Name: JOSEPH DEPALO, JR. TEL: 617-201-7542

Owner Address: 9 GREENE STREET

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 270219654

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 04/30/2011, 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 #: 2011-029
 FEE: \$500.00

This is to certify: JOSEPH DEPALO, JR.
 has been licensed by the Mayor and the Aldermen of the City of Somerville.
 Since 01/24/1929

Garage situated at: 00042 DANA ST

Doing business as : SOMERVILLE BODY WORKS, INC

Shall not exceed: 10 Vehicles Inside & 2 Vehicles Outside, not on public ways
 in addition the following restrictions apply:

- NO PARKING OR WORK ON SOMERVILLE AVENUE. 1. ALL VEHICLES SHALL BE SERVICED INSIDE THE BUILDING AND NOT ON ANY PUBLIC OR PRIVATE WAY.
- 2. ALL VEHICLES SHALL BE STORED WITHIN PROPERTY LINES.
- 3. TOWING SERVICE NOT ALLOWED. 4. 90 DAY TEMP. LICENSE HOWEVER, AFTER NORMAL BUSINESS, SERVICE SHALL NOT TAKE PLACE EMPLOYER/EMPLOYEE'S PRIVATE DWELLING.

This renewal certificate must be signed by the holder of the license.

Check One: Owner ___ Occupant ___ Holder ___

Joseph Depalo Jr
 Signature of Applicant
9 Greene St
 Address
Somerville Mass 02143
 City State Zip

** Office Use Only **

Taken _____

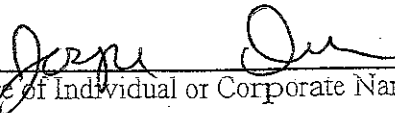
Received: 8/23/11 \$500-
Cash
 City Clerk

CITY CLERK'S OFFICE
 AUG 23 P 1:27
 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.


* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

027 66 5886
** 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: Somerville Body Works, Inc

Address of taxpayer/applicant's business in Somerville: 42 Dana St.

Address of taxpayer/applicant's home in Somerville: Peabody, MA.

Taxpayer/applicant's phone: day: 9 evening: _____

I, (print name) _____, 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 _____ day of

_____, 20 _____

(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: _____

4303 # 116058001 # 400 # _____

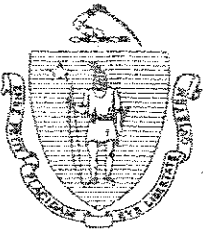
NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



8-23-11



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: Joseph Delano
 address: 80 Foster St
 city: PLASBY state: MASS zip: _____ phone # _____

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 2 employees (full & part time). Other _____

- I am an employer providing workers' compensation for my employees working on this job.

company name: Somerville Body Works
 address: 42 DANBSt
 city: Somerville Mass phone #: 617 406 7941
 insurance co. Liberty Zurich policy # V733684117073

- 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 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: Joseph Delano Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____

- check if immediate response is required
- Building Department
 - Licensing Board
 - Selectmen's Office
 - Health Department
 - Other _____

contact person: _____ phone #: _____

(revised Sept. 2003)