



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW GARAGE LICENSE

**F.W. RUSSELL & SONS DISPOSAL, INC.
100 CROSS STREET
SOMERVILLE, MA 02145**

License #: **725**
City # **G60**
Fee: **550.00**
Account ID: **607**
Reference #: **725**

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: For F.W. RUSSELL & SONS DISPOSAL, INC. Business Location: 120 MCGRATH HWY Business Phone: 617-776-5120	
License Holder: F.W. RUSSELL & SONS DISPOSAL, INC. 120 MCGRATH HWY SOMERVILLE, MA 02143 617-776-5120	
Mailing Address: F.W. RUSSELL & SONS DISPOSAL, INC. SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - CHARLES CARNEGLIA SECRETARY - CHARLES CARNEGLIA	
FID: 043160607	
Food Manager/Emergency Contact: CHARLES CARNEGLIA 617-776-5120	

2013 APR 11 P 1:36
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

NOT OPEN TO THE PUBLIC

- | | |
|-----------------------------|----------------------------|
| 1 MECHANICAL REPAIRS | 4 VEHICLES INSIDE |
| 1 STORING VEHICLES | 21 VEHICLES OUTSIDE |
| 25 VEHICLES | |

Description of Location and/or Other Conditions:

Originally Issued 4/13/1978, Repair Restricted To Their Own Equipment And Vehicles. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: Charles Carneglia Date: 3/18/13

Print Name: CHARLES CARNEGLIA Phone: 617 776 5120

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: FW Russell + Sons DISPOSAL INC.

Address: 120 McGrath Highway

City: Somerville State: MA Zip: 02145 Phone #: 617 776-5854

- ☒ I am an employer with 22 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other TRASH Collection

Workers' compensation insurance information (if applicable):

Insurance Company Name: GREAT DIVIDE INS Co. / A BERKLEY INS. Co.

Address: 7233 E. BUTHERUS DRIVE

City: SCOTTSDALE State: AZ Zip: 85260 Phone #: 617 391-0246 ^{Agent}

Policy #: WCA 1538758-11 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: Charles Carneglia Date: 3/18/13

Print Name: CHARLES CARNEGLIA

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: F.W. Russell + Sons Disposal Inc.

Address of taxpayer/applicant's business in Somerville: 120 McGrath Highway

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617 776-5854 evening: 617 776-5854

I, (print name) Charles Carneglia, 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 18th day of MARCH, 20 13. Charles Carneglia
(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: _____

9654 # 14604011 # 785 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED
URBANO
4-11-13