CITY OF SOMERVILLE

MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

JOAO LIBERATO	L1C #: 2012-079			
120 FEDERAL STREET	B.O.A.#			
WILMINGTON MA 01887	TOTAL CODETET CAME MOD HOUR AAA			
	EWAL CERTIFICATE FOR YOUR ***			
ALLOWED USES - (CHOOSE ALL THAT				
Mechanical Repair: X Auto Body	Work: Parking or Storing Vehicles:			
Washing Vehicles: Spray Pain	ting: Operating a Tow Vehicle:			
ISSUED IN ACCORDANCE WITH THE APPLICA	BLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13			
This Certificate must be signed and f	filed with the required fee of \$550.00 not			
later than April 30, 2012. Tuse the ϵ	enclosed envelope.			
Kindly fill in the information correc	ting any errors listed on our current			
records below. Please print or type y	our information, except for signature.			
Company Name: J.C. AUTO REPAIR	TEL: 617-776-4199			
Company Address: 00091 PROSPECT ST				
City: <u>SOMERVILLE</u> Stat	e: <u>MA</u> Zip: <u>02143</u>			
Check One:	Gov't Partner			
Individual: X Co: Corp: Tru	ust: Agency Ship Other			
Owner Name: JOAO LIBERATO	TEL: 617-776-4199			
Owner Address: 120 FEDERAL STREET	And Address of the Control of the Co			
	State: <u>MA</u> Zip: <u>01887</u>			
FID#: 042924174	"			
Inis renewal is being sent to you as	a courtesy, please file on time. If this			
renewal is not returned to City Clerk	a's office by 04/30/2012, please advise.			
**** HOUDE OF ODED GETONG ****	Very truly yours,			
**** HOURS OF OPERSTIONS ****				
MONDAY-FRIDAY: 07:00 AM-05:00 PM				
SATURDAY: 08:00 AM-02:00 PM				
SUNDAY: CLOSED	Tohn T Long			
	John J. Long			
OND CHADDING THE	City Clerk			
	FORMATION SHOWS HE PUBLIC LICENSE #: 2012-079			
GARAGE OPEN TO TH	TE PUBLIC LICENSE #: 2012-079			
	FEE \$550.00			
This is to certify: JOAO LIBERATO	ne Aldermen of the City of Some ville.			
Since 12/08/1983	sr S			
Garage situated at: 00091 PROSPECT S) L			
Doing business as : J.C. AUTO REPAIR				
Shall not exceed: 2 venicles inside &	8 Vehicles Outside, not on public ways			
in addition the following restrictions apply:				
This renewal certificațe/must be sign	ned by the holder of the license.			
Check One: Owner Occupant _	Holder			
0.1				
all Lossato	** Office Use Only **			
Signature of Applicant	Mailed			
Vaio	Taken			
71 PROSPECT ST				
Address	Received:			
Somerville NA 02/43				
City State Zip	City Clerk			

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of

The DBA Name of the Business: JC Auto Repair	
Somerville Address and Zip Code: 91 Prospect St 02	143
Phone Number of the Business: 617-776-4199	
	4, 4, 44
The Legal Name of the License Holder: Joan Liberato	
Street Address of the License Holder: 120 Federal St	T 9.01 s
City, State and Zip Code of the License Holder: Willington MA	01807
Phone Number of the License Holder:	
Email Address of the License Holder: Joan and Lina @ Yahor	o, Com
Where We Should Send Mail: Name: Toto Uberato	
T-11 0 01	
Email: Johoand Lina Qyahoo, com Phone Number: 978-658-4190	
Phone Number: 9113-658-4170	
Federal ID # (Do Not Give a Social Security #): 042 92 4114	
	617-66
Emergency Contact and Phone (For Fire Dept. Use): ThereSA MCNamara	617-66
Emergency Contact and Phone (For Fire Dept. Use): ThereSA MCNamara- Type of Business (Check Only One and Give the Names Indicated):	617-1010
Emergency Contact and Phone (For Fire Dept. Use): Theresa MCNamara_ Type of Business (Check Only One and Give the Names Indicated): Sole Proprietor: Name of Owner: JoAo Libersto	617-66
Emergency Contact and Phone (For Fire Dept. Use): ThereSA MCNamara- Type of Business (Check Only One and Give the Names Indicated):	617-660
Emergency Contact and Phone (For Fire Dept. Use): The PSA MCNamara Type of Business (Check Only One and Give the Names Indicated): Sole Proprietor: Name of Owner: John Ciberto Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	
Emergency Contact and Phone (For Fire Dept. Use): Theresa MCNamara_ Type of Business (Check Only One and Give the Names Indicated): Sole Proprietor: Name of Owner: JoAo Liberto	
Emergency Contact and Phone (For Fire Dept. Use): Theresa MCNamara Type of Business (Check Only One and Give the Names Indicated): Sole Proprietor: Name of Owner: Topo Ciberato Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: Trust: Names of All Trustees Who Own More Than 10%:	
Emergency Contact and Phone (For Fire Dept. Use): The RSA MCNamara Type of Business (Check Only One and Give the Names Indicated): Sole Proprietor: Name of Owner: Joan Ciberto Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	
Emergency Contact and Phone (For Fire Dept. Use): The resp. MCN and re- Type of Business (Check Only One and Give the Names Indicated): Sole Proprietor: Name of Owner: Topo Ciber to Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: Trust: Names of All Trustees Who Own More Than 10%: Corporation (inc. LLC): Name of President:	

- -Any changes above are subject to the approval of the Somerville Bo
- -I have filed all State tax returns and paid all State taxes required by law for this business.

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)

**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:				
Address of taxpayer/applicant's business in Somerville: 91 PCOSPICE St				
Address of taxpayer/applicant's home in Somerville: 120 Federal St				
Taxpayer/applicant's phone: day: $(0)7776-4199$ evening: $978-658-4190$				
I, (print name) JOAO LIBERATO , 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				
MARCH, 20 12 Fores Liverion (Taxpayer's signature)				
V				
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: * INCLUDES RELEVANT POSTINGS THROUGH:				
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
□ Real Estate				
CLERK'S INITIALS: ORIGINAL STAMP: ORIGINAL STAMP:				



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

	e PRINT legibly	
name: Jogo Liberato		
address: 120 Federal St	0 - 4	0 11/Q
City		# 918-658-419
Tam an employer with employees (full & part time	Office Sales (including Real Estate le). The other Mechanical	Autoc etc.)
am an employer providing workers' compensation for		
company name: Greate State II		
address: 2704 Commerce D	ave b	
city: Halfistones, PA 19119	phone#:	
insurance co. Todays Insurance Ase	ng policy# WE C	109-94-4047
I am a sole proprietor and have hired the independent compensation polices:	ontractors listed below who have the fo	ollowing workers'
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 15 one years' imprisonment as well as civil penalties in the form of a ST copy of this statement may be forwarded to the Office of Investigation	ons of the DIA for coverage verification.	day agamst me. I understand that a
I do hereby certify under the pains and penalties of perjury that	the information provided above is true as Date	nd correct.
Signature Ciffe Soberato		117 77/2-4199
Print name JOAO SEPPARO	Phone #	<u> </u>
official use only do not write in this area to be completed by	city or town official	
city or town:	permit/license#	Building Department Licensing Board
check if immediate response is required		Selectmen's Office Health Department
contact person: (revised Sept. 2003)	phone #;	Building Department Licensing Board Selectmen's Office Health Department Other