

IMPORTANT

626
REF 743

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 pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	JC Auto Repair
Somerville Address and Zip Code:	91 Prospect St, 02143
Phone Number of the Business:	617-776-4199

The Legal Name of the License Holder:	Joao Liberato
Street Address of the License Holder:	120 Federal St
City, State and Zip Code of the License Holder:	Wilmington, MA 01887
Phone Number of the License Holder:	978-658-4190
Email Address of the License Holder:	Joao and Lina@yahoo.com

Where We Should Send Mail: Name:	Joao Liberato
Street Address:	120 Federal St
City, State and Zip Code:	Wilmington, MA 01887
Email:	Joao and Lina@yahoo.com
Phone Number:	978-658-4190

Federal ID # (Do Not Give a Social Security #):	042924174
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Emergency Contact and Phone (For Fire Dept. Use):	Theresa McNamara 617-669-4359
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Type of Business (Check Only One and Give the Names Indicated):
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: Joao Liberato
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:
<input type="checkbox"/> Corporation (inc. LLC): Name of President:
Name of Secretary:
Name of Treasurer:
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Joao Liberato Date: 3/26/12

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.

Jana-Loburto

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042-92-4174 (FID)

** 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: JC Auto Repair

Address of taxpayer/applicant's business in Somerville: 91 Prospect St

Address of taxpayer/applicant's home in ^{Wilmington} Somerville: 120 Federal St

Taxpayer/applicant's phone: day: (617) 776-4199 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 26th day of

MARCH, 20 12. Joao Liberato
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 04171210
12552
 Water/Sewer # 12507900
 Personal Property # 997
 Other: # _____

NOTES:

CLERK'S INITIALS: [Signature]

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

Applicant information: Please PRINT legibly

name: Joao Liberato
 address: 120 Federal St
 city: Wilmington state: MA zip: 01887 phone #: 978-658-4190

work site location (full address): 91 prospect st Somerville, MA 02143

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 mechanical-repair

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

company name: Granite State Insurance Company

address: 2704 Commerce Drive, Suite B

city: Harrisburg, PA 17110 phone #:

insurance co. Today's Insurance Agency policy # WC 009-94-4044

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 Joao Liberato Date 3/26/12

Print name Joao Liberato Phone # 617-776-4199

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
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)