

2011
RENEWAL

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

T.C. AUTO EXCHANGE
176 TREMONT ST
SOMERVILLE MA 02143

LIC #: 2011-249
B.O.A.# 182626

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: Auto Body Work: Parking or Storing Vehicles:
Washing Vehicles: Spray Painting: 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: T.C. AUTO EXCHANGE TEL: 617-666-2228
Company Address: 00176 -00178 TREMONT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: Trust: Agency Gov't Ship Partner Other
Owner Name: T.C. AUTO EXCHANGE TEL: 781-605-3022
Owner Address: 176 TREMONT ST

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 043087857

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-05:00 PM
SATURDAY: 10:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-249
FEE: \$500.00

This is to certify: T.C. AUTO EXCHANGE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/08/2007

Garage situated at: 00176 -00178 TREMONT ST

Doing business as : T.C. AUTO EXCHANGE

Shall not exceed: 2 Vehicles Inside & 12 Vehicles Outside, not on public ways
in addition the following restrictions apply:

APPROVED AS AMENDED:HOURS OF OPERATION SEE BELOW
NO SPRAY PAINTING OR AUTO BODY WORK OR VEHICLE WASHING.

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

Check One, Owner Occupant Holder

Anthony L. Turbine
Signature of Applicant

138 Myrtle St
Address

Medford ma 02155
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: _____

City Clerk

**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.

Anthony A. Carbone

*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

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: _____ AND/OR

TAXPAYER'S HOME ADDRESS: 176-178 Tremont

TAXPAYER/APPLICANT PHONE: DAY: _____ EVENING: _____

BUSINESS NAME: _____

BUSINESS ID NUMBER: _____ BUSINESS PHONE: _____

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 to the City of Somerville 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: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID **WATER/SEWER ID **PERSONAL PROPERTY **OTHER

14777 124060001 1219 _____

NOTES:

CLERKS INITIALS: UB

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

RECEIVED
UBancos
12-4-12





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: Anthony L. Cardone

address: 138 Myrtle St.

city Medford state: MA zip 02155 phone # 617-335-0086

work site location (full address): 176-178 Tremont 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 _____ employees (full & part time). Other Auto Repair

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

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

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 Anthony L. Cardone Date 12-7-12

Print name Anthony L. Cardone Phone # 617-666-2228

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)