

**CITY OF SOMERVILLE**

MASSACHUSETTS

OFFICE OF THE CITY CLERK

**RENEWAL APPLICATION FOR GARAGE LICENSE**

GINNY DEPALO  
9 GREENE STREET  
SOMERVILLE

MA 02143

LIC #: 2009-255  
B.O.A.# 184118

\*\*\* 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, 2010. 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: PEARL STREET AUTO SALES, INC. TEL: 617-406-7941  
Company Address: 00056 BONAIR ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency: ☐ Ship: ☐ Gov't Partner Other: ☐

Owner Name: GINNY DEPALO TEL: 617-406-7941  
Owner Address: 9 GREENE STREET

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 043492113

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 04/30/2009, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 08:00 AM-05:00 PM

SATURDAY: 09:00 AM-01:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE 2009-255  
FEE \$500.00

This is to certify: GINNY DEPALO  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 03/27/2008

Garage situated at: 00056 BONAIR ST

Doing business as : PEARL STREET AUTO SALES, INC.

Shall not exceed: 8 Vehicles Inside

in addition the following restrictions apply:

- 1.No parking of any vehicle on street
- 2.Doors to be closed at all times
- 3.No signage on building
- 4.No vehicles to be towed to or from location
- 5.Neighbors to receive 24 hour phone number for complaints if any
- 6.License to be issued for three (3) months and to be reviewed by ISD and Alderman to insure compliance.
- 7.No mechanic or auto body to be done inside the premises.
- 8.License to be issued for auto detailing washing and simonizing ONLY.

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

Check One: Owner ☐ Occupant ☐ Holder ☐

Signature of Applicant

Address

City State Zip

\*\* Office Use Only \*\*

Mailed ☐

Taken ☐

Received: \$500.00

on 3/4/10

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.

  
\_\_\_\_\_  
\* 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**

1. Exact name of taxpayer/applicant's business: DSA Auto
2. Address of taxpayer/applicant's business in Somerville: 56 BONAIR
3. Address of taxpayer/applicant's home in Somerville: 96 Reen St Somerville
4. Taxpayer/applicant's phone: day: 617 406 7941 evening: 617 406-7941

I, Genny Delaw, 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 3-23 11 day of March, 20 11.  
Genny Delaw  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>03154150</u>	# <u>115060001</u>	# _____	# _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**received**  
3-23-11



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations

600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name:

Genny DePalis

address:

96 Revere St

city

Somerville

state:

MASS

zip:

02143

phone #

617 406-7941

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:

PSA Auto

address:

56 Bonnar St

city:

Somerville

phone #:

MASS

insurance co:

L-Berty Mut

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:

PSA Auto

address:

56 Bonnar St

city:

Somerville

phone #:

617 406-7941

insurance co:

L-Berty Mut

policy #

2155216

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

Genny DePalis

Date

Print name

Genny DePalis

Phone #

617 406-7941

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)