

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK

*Handwritten:* \$550

RENEWAL APPLICATION FOR GARAGE LICENSE

PAT'S AUTO BODY, INC.  
P.O. BOX 167  
SOMERVILLE MA 02143

LIC #: 2012-050  
B.O.A.# 179358

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_ Auto Body Work: X Parking or Storing Vehicles: \_\_\_

Washing Vehicles: \_\_\_ Spray Painting: X 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 \$550.00 not later than April 30, 2012. 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: PAT'S AUTO BODY, INC. TEL: 617-628-7500  
Company Address: 00161 LINWOOD

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_  
Gov't Partner

Owner Name: PAT'S AUTO BODY, INC. TEL: 617-628-7500

Owner Address: P.O. BOX 167

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 042762439

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 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-06:00 PM  
SATURDAY: 08:00 AM-12:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

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

LICENSE #: 2012-050  
FEE: \$550.00

This is to certify: PAT'S AUTO BODY, INC.  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 02/14/1924

Garage situated at: 00161 LINWOOD  
Doing business as : PAT'S AUTO BODY, INC.  
Shall not exceed: 25 Vehicles Inside  
in addition the following restrictions apply:  
APPROVED WITH CONDITIONS #179357 9/27/2005

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

Check One: Owner X Occupant \_\_\_ Holder \_\_\_

X [Signature]  
Signature of Applicant  
69 East Street  
Address  
Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: \_\_\_\_\_  
\_\_\_\_\_  
City Clerk

**IMPORTANT**

#593  
REF 711

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: Pat's Auto Body, Inc  
 Somerville Address and Zip Code: 161 Linwood Street Somerville 02143  
 Phone Number of the Business: 617-628-7500

The Legal Name of the License Holder: Pat's Auto Body Inc  
 Street Address of the License Holder: 161 Linwood Street  
 City, State and Zip Code of the License Holder: Somerville, MA 02143  
 Phone Number of the License Holder: 617-628-7500  
 Email Address of the License Holder: pats\_ab@verizon.net

Where We Should Send Mail: Name: Pat's Auto Body Inc.  
 Street Address: 161 Linwood Street PO BOX 167  
 City, State and Zip Code: Somerville, MA 02143  
 Email: ~~pats~~ pats\_ab@verizon.net  
 Phone Number: 617-628-7500

Federal ID # (Do Not Give a Social Security #): 04-2762439

Emergency Contact and Phone (For Fire Dept. Use): David Tauro 617-2932010

Type of Business (Check Only One and Give the Names Indicated):


Sole Proprietor: Name of Owner: \_\_\_\_\_

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: David Tauro  
 Name of Secretary: David Tauro  
 Name of Treasurer: David Tauro  
 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:  Date 1/23/12

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.

Auto Body One

\* Signature of Individual or Corporate Name (Mandatory)

X [Signature]  
By: Corporate Officer (Mandatory, if a corporation)

04-2762439

\*\* 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**

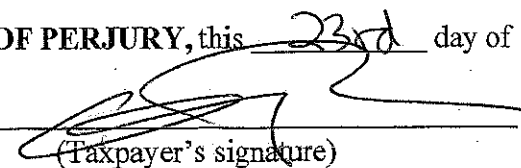
Exact name of taxpayer/applicant's business: Pat's Auto Body Inc

Address of taxpayer/applicant's business in Somerville: 161 Linwood St, Somerville 02143

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2010

I, (print name) David Tauro, 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 23rd day of March, 2012. X   
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

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

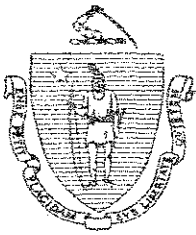
**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>20663009</u>	# <u>14557401</u> <u>14556011</u>	# <u>766</u>	# _____
NOTES: <u>8979</u>			

CLERK'S INITIALS: LR

ORIGINAL STAMP:

**RECEIVED**  
6-4-12



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: Pat's Auto Body Inc

address: 161 Linwood Street

city: Somerville state: MA zip: 02143 phone # 617-628-7500

work site location (full address): 161 Linwood Street 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 15 employees (full & part time).  Other

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

company name: Pat's Auto Body Inc

address: 161 Linwood Street

city: Somerville phone #: 617-628-7500

insurance co. Technology Insurance Co policy # TWC 3292644

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 year's 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 [Signature] Date 3/23/12

Print name David Tauris Phone # \_\_\_\_\_

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)