



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**Application to Renew Garage License**

2015 MAY 27 A 8:40

**FRED M SUSAN AUTO BODY**  
**269 SOMERVILLE AVE**  
**SOMERVILLE MA 02143**

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
**License #:** BL15-000753  
**File #:** 15-636  
**Fee:** 605

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> FRED M. SUSAN AUTO BODY <b>Business Location:</b> 269 SOMERVILLE AVE <b>Business Phone:</b> 617-776-1570	
<b>License Holder:</b> FRED M SUSAN AUTO BODY 269 SOMERVILLE AVE SOMERVILLE MA 02143	
<b>Mailing Address:</b> FRED M SUSAN AUTO BODY 269 SOMERVILLE AVE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation WILLIAM PANZINO WILLIAM PANZINO WILLIAM PANZINO	
<b>FID:</b> 043179723	
<b>Emergency Contact:</b> BILL PANZINO <b>Phone:</b> 781-307-7805	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 12 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> No <b>Autobody work?</b> Yes <b>Spray Painting?</b> Yes <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	

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 BOARD OF ALDERMEN.

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

**Applicant information:**

Name: FMS AUTO BODY INC / DBA FRED M SUSAN AUTO BODY

Address: 269 Somerville Ave

City: Somerville State: MA Zip: 02143 Phone #: 617-776-1570

- I am an employer with 4 employees (full and/or part time).
- I am a sole proprietor or partnership and have no employees.
- We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- We are a nonprofit organization staffed by volunteers and have no employees.

- Business Type:
- Retail
  - Restaurant/Bar/Eating Establishment
  - Office and/or Sales (real estate, auto, etc.)
  - Nonprofit
  - Entertainment
  - Manufacturing
  - Health Care
  - Other Auto Body Repair

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: GUARD INSURANCE CO

Address: 16 S. RIVER ST.

City: WILKES-BARRE State: PA Zip: 18703 Phone #: 800-673-2465

Policy #: FMWC 700014 Expiration Date: 4.15.17

**Applicant certification:**

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: William A. Parzino Jr Date: 5-25-16

Print Name: WILLIAM A. PARZINO JR

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: FRED M. SUSAN AUTO BODY

Address of taxpayer/applicant's business in Somerville: 269 SOMERVILLE AVE

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

Taxpayer/applicant's phone: day: 617-776-1570 evening: 781-367-7805

I, (print name) WILLIAM A. PANZINO JR, 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 25<sup>TH</sup> day of MAY, 20 16. Will A Panzino Jr  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

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

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

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 13979      # 120031011      # 1051      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: SM

ORIGINAL STAMP: 