



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

Application to Renew Outdoor Parking License

MARTHA LEE TRUST
170 HIGHLAND AVE
SOMERVILLE MA 02143

License #: BL15-000136
File #: 15-144
Fee: 300

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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: MARTHA LEE TRUST Business Location: 147 HIGHLAND AVE Business Phone: 617-628-5552	
License Holder: MARTHA LEE TRUST 170 HIGHLAND AVE SOMERVILLE MA 02143	
Mailing Address: MARTHA LEE TRUST 170 HIGHLAND AVE SOMERVILLE MA 02143	
Business Type: Trust MARTHA DITUCCI ROBERT DITUCCI	
FID: 999999999	
Emergency Contact: ROBERT DITUCCI Phone: 617-628-5552	
# Vehicles to be Stored: 15	

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.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: MARtha Lee Trust
MARtha DiTucci/Robert DiTucci

Address of taxpayer/applicant's business in Somerville: 147B-D Highland Ave

Address of taxpayer/applicant's home in Somerville: 170 Highland Ave.

Taxpayer/applicant's phone: day: 617-628-5552 evening: _____

I, (print name) Robert DiTucci, 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 _____ day of

_____, 20____. Robert DiTucci Trustee
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

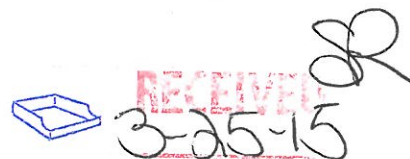
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

7262 # 229010001 # 147 # _____
229011006

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Martha DiTucci / Robert DiTucci Martha Lee Trust
Address: 176 Highland Ave
City: San State: MA Zip: 02147 Phone #: 617-628-5552

- ☐ I am an employer with _____ employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other + property owner WE ARE A TRUST WITH NO EMPLOYEES

Workers' compensation insurance information (if applicable):

Insurance Company Name: N/A
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Robert DiTucci Trustee Date: 3/21/15
Print Name: Robert DiTucci Trustee

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 _____