

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

pd
\$550

TAURO REALTY TRUST
P.O. BOX 167
SOMERVILLE MA 02143

LIC #: 2012-161
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: X

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: 00013 -00019 JOY ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: ___ Trust: X Agency ___ Gov't Partner
Ship ___ Other ___
Owner Name: TAURO REALTY TRUST TEL: 617-666-2300
Owner Address: P.O. BOX 167

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 046484642

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-02:00 PM
SUNDAY: CLOSED

Very truly yours,

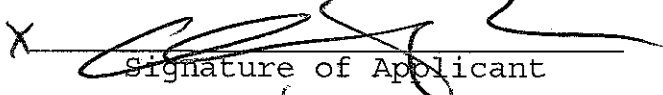
John J. Long
City Clerk

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

LICENSE #: 2012-161
FEE: \$550.00

This is to certify: TAURO REALTY TRUST
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/20/1991
Garage situated at: 00013 -00019 JOY ST (MUNREG)
Doing business as : PAT'S AUTO BODY, INC.
Shall not exceed: 22 Vehicles Inside & 20 Vehicles Outside, not on public ways
in addition the following restrictions apply:
FOR USE OF TOWING AND STORAGE ONLY APPROVED WITH CONDITIONS #179358
9/22/2005.

This renewal certificate must be signed by the holder of the license.
Check One: Owner X Occupant ___ Holder ___

X 
Signature of Applicant
69 East Street
Address
Melrose MA 02146
City State Zip

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

IMPORTANT

529
REC 643

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: 13-19 Joy Street, Somerville, MA 02143
 Phone Number of the Business: 617-628-7500

The Legal Name of the License Holder: Tauro Realty Trust
 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: 617-666-2300
 Email Address of the License Holder: pats_ab@verizon.net

Where We Should Send Mail: Name: Tauro Realty Trust
 Street Address: 161 Linwood St, PO BOX 153
 City, State and Zip Code: Somerville, MA 02143
 Email: pats_ab@verizon.net
 Phone Number: 617-666-2300

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: [Signature] Date 3/23/12

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.

X Pats Auto Body Inc

* 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: 13-19 Joy Street 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.

[Signature]
(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>8979</u>	# <u>14507400/</u> <u>145056011</u>	# <u>766</u>	# _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

RECEIVED
4-4-12



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: Pat's Auto Body Inc

address: 13-19 Joy Street

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

work site location (full address): 13-19 Joy 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: 13-19 Joy 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 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: [Signature] Date: 3/23/12

Print name: David Tauro Phone #: 617-293-2010

official use only do not write in this area to be completed by city or town official

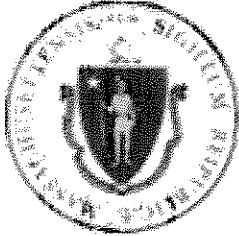
city or town: _____ permit/license # _____

check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)

Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

PAT'S AUTO BODY, INC. Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: PAT'S AUTO BODY, INC.

The name was changed from: PAT'S, INC. on 2/4/1982

Entity Type: Domestic Profit Corporation

Identification Number: 042762439

Old Federal Employer Identification Number (Old FEIN): 000178346

Date of Organization in Massachusetts: 01/28/1982

Date of Revival: 09/06/1991

Date of Involuntary Dissolution: 12/31/1990

Current Fiscal Month / Day: 09 / 30

Previous Fiscal Month / Day: 00 / 00

The location of its principal office:

No. and Street: 161 LINWOOD ST.
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

Name and address of the Registered Agent:

Name: DAVID TAURO
No. and Street: 69 EAST STREET
City or Town: MELROSE State: MA Zip: 02176 Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	DAVID TAURO	69 EAST ST., MELROSE, MA 02176 USA 69 EAST ST., MELROSE, MA 02176 USA	
TREASURER	DAVID TAURO	69 EAST ST., MELROSE, MA 02176 USA 69 EAST ST., MELROSE, MA 02176 USA	
SECRETARY	DAVID TAURO	69 EAST ST., MELROSE, MA 02176 USA 69 EAST ST., MELROSE, MA 02176 USA	