



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

2015 MAR 25 P 12:18

Application to Renew Garage License

CARLO BARLETTA
PO BOX 80525
STONEHAM MA 02180

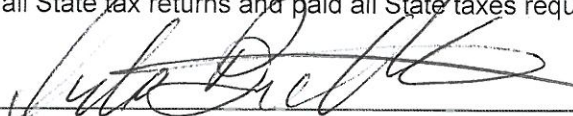
CITY CLERK'S OFFICE
 SOMERVILLE, MA

License #: BL15-000756
 File #: 15-639
 Fee: 550

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: CARLO BARLETTA Business Location: 471 SOMERVILLE AVE Business Phone: 617-623-8650	UNLIMITED AUTO BODY
License Holder: CARLO BARLETTA PO BOX 80525 STONEHAM MA 02180	
Mailing Address: CARLO BARLETTA PO BOX 80525 STONEHAM MA 02180	
Business Type: Corporation CARLO BARLETTA PIERO IANNETTA PIERO IANNETTA	
FID: 042757489	
Emergency Contact: CARLO BARLETTA Phone: 781-799-8604	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 3 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? No Autobody work? Yes Spray Painting? Yes Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	3

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: 3-25-15

Printed Name: CARLO BARLETTA Phone: 617-623-8650



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: UNLIMITED AUTO BODY, INC.

Address of taxpayer/applicant's business in Somerville: 471 SOMERVILLE AVE. SOMERVILLE, MA 02143

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-623-8650 evening: 781-438-3651

I, (print name) CARLO BARLETTA, 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 25th day of MARCH, 2015. [Signature]
(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: _____

13978 # 248087001 # 1086 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [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: CARLO BARLETTA

Address: 15 NIXON LN.

City: STONEHAM State: MA Zip: 02180 Phone #: HOME: 781-438-3651
 WORK: 617-623-8650

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with <u>2</u> employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type: <input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input checked="" type="checkbox"/> Other <u>AUTO BODY REPAIRS</u> |
|--|--|

Workers' compensation insurance information (if applicable): UNLIMITED AUTO BODY, INC.

Insurance Company Name: EXEMPT - SEE FORM ATTACHED

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: [Signature] Date: 3-25-15

Print Name: CARLO BARLETTA (PRESIDENT)

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

City or Town: _____ Permit/License #: _____

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

Contact Person: _____ Phone #: _____

(revised Jan. 2008)

FORM 153

The Commonwealth of Massachusetts

Department of Industrial Accidents
Office of Investigations - Dept. 153

600 Washington Street - 7th Floor, Boston, Massachusetts 02111
http://www.mass.gov/dia



APPROVED
DIA Use Only
MAY 12 2010
INVESTIGATION
DEPT. OF INDUSTRIAL ACCIDENTS

AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS OR DIRECTORS

Chapter 169 of the Acts of 2002 amended M.G.L. c. 152, §1(4) by adding the following paragraph:

"This chapter shall be elective for an officer or director of a corporation who owns at least 25 percent of the issued and outstanding stock of the corporation. Notwithstanding section 46, these provisions shall apply only if the corporate officer provides the commissioner of industrial accidents with a written waiver of his rights under this chapter. Said commissioner shall promulgate regulations to carry out the purpose of this paragraph. Violations of this paragraph shall subject the corporation to the penalties set forth in section 25C."

Pursuant to M.G.L. c. 152, §1(4) as amended, I/We the undersigned officers of:

UNLIMITED AUTO BODY INC. 471 SOMERVILLE AV. SOMERVILLE MA 02143
(Name of Corporation and Address)

each holding at least 25% of the issued and outstanding stock in said corporation, do hereby invoke the right to be exempt from the provisions of M.G.L. c. 152, §25A and therefore are not required to carry a workers' compensation policy covering the undersigned corporate officer(s) or director(s). I/We the undersigned do also waive any and all rights to make claims for benefits as defined in M.G.L. c. 152 for any injuries that may be sustained while in the employ of the above-named corporation.

Further, I/we the undersigned do understand that, should the above-named corporation hire or have in its employ any employee(s) in addition to the undersigned corporate officer(s) or director(s), said corporation is required to obtain workers' compensation coverage for the employee(s) as prescribed by M.G.L. c. 152, §25A.

I/We the undersigned have read and understand the statements and obligations as delineated above and I/we have checked the appropriate box below my/our name(s) indicating my/our desire to be exempt or not to be exempt from the provisions of M.G.L. c. 152.

Signed under the pains and penalties of perjury:

[Signature]

CARLO BARLETTA PRES.

5-1-2010

I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption

[Signature]

PIERO LANNETTA

5-1-2010

I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption

Signature

Print Name & Title

Date (mm/dd/yyyy)

I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption

Signature

Print Name & Title

Date (mm/dd/yyyy)

I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption

Notes: ALL ELIGIBLE CORPORATE OFFICERS MUST SIGN. THERE CAN BE NO MORE THAN 4 SIGNATURES. Instructions on back.

RECEIVED
2010 MAY 11 P 16
DIA - INVESTIGATION