

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

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

LIC #: 2011-161
 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 \$500.00 not later than April 30, 2011. 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 04/30/2011, 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 #: 2011-161
 FEE: \$500.00

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 17958
 9/22/2005.

2011 APR 14 P 3:05
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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

[Signature]
 Signature of Applicant
69 East Street
 Address
Melrose MA 02176
 City State Zip

** Office Use Only **
 Mailed
 Taken

Received: 4/14/11 - MS
\$500.00 ck# 2529
 City Clerk

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.

Pets Auto Body, Inc

* Signature of Individual or Corporate Name (Mandatory)

David Tauro 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: Pats Auto Body, Inc

Address of taxpayer/applicant's business in Somerville: 13-19 Joy Street

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

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

I, (print name) David Taurro, 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 12th day of April, 2011. [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: _____
201063009 # 145086001 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

received
UR Barrow

4-14-11



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: Pats Auto Body, INC
 address: 13-19 Clay Street
 city: Somerville state: MA zip: 02143 phone # 617-628-7500

work site location (full address):

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

company name: Pats Auto Body
 address: 13-19 Clay Street
 city: Somerville phone #: 617-628-7500
 insurance co. Chartis Insurance policy # WC001-60-2151

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: 4/12/11
 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 _____