

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

PAT'S AUTO BODY, INC.

P.O. BOX 167

SOMERVILLE MA 02143

LIC #: 2010-050

B.O.A.# 179358

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:___ Auto Body Work: X Parking or Storing Vehicles:___

Washing Vehicles:___ Spray Painting: X Operating a Tow Vehicle:___

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, 2010. 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: 00161 LINWOOD

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual:___ Co:___ Corp: X Trust:___ Agency___ Ship___ Other___ Gov't Partner

Owner Name: PAT'S AUTO BODY, INC. TEL: 617-628-7500

Owner Address: P.O. BOX 167

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 042762439

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-12:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-050

FEE: \$500.00

This is to certify: PAT'S AUTO BODY, INC.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/14/1924

Garage situated at: 00161 LINWOOD

Doing business as : PAT'S AUTO BODY, INC.

Shall not exceed: 25 Vehicles Inside

in addition the following restrictions apply:

APPROVED WITH CONDITIONS #179357 9/27/2005

2010 APR 30 A 12:37
CITY CLERK'S OFFICE
SOMERVILLE, MA

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 02176

City

State

Zip

** Office Use Only **

Mailed

Taken ✓

Received: 500.00 4/29/10

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.

Pats Auto Body Inc

* Signature of Individual or Corporate Name (Mandatory)

X [Signature]

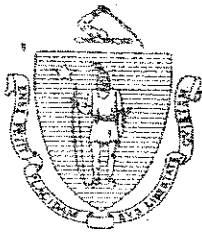
By: Corporate Officer (Mandatory, if a corporation)

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.



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: 161 Linwood Street

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

work site location (full address): 161 Linwood 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 17 employees (full & part time). ☒ Other Sales

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

company name: Pats Auto Body Inc

address: 161 Linwood Street

city: Somerville phone #: 617-628-7500

insurance co. Charters Insurance: Specialty Workers Comp Group policy # WC9752383

☐ 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 4/28/10

Print name David Tauro Phone # 617-628-7500

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

city or town: permit/license # ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: phone #: ☐ Selectmen's Office

(revised Sept. 2003) ☐ Health Department

☐ Other



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: Pats Auto Body Inc
2. Address of taxpayer/applicant's business in Somerville: 161 Linwood Street
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2010

I, David Paulo, 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 28th day of April, 2010. X [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: _____
20663009 145074001 145056011 06120005 # _____

NOTES:

CLERK'S INITIALS: M.M.

ORIGINAL STAMP:

received
4-29-10