



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

2014 APR 22 A 10:20

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

A PLUS AUTO BODY, INC.
297 MEDFORD ST
SOMERVILLE, MA 02143

License #: 734
City #G66
Fee: 550.00
Account ID: 617
Reference #: 734

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: A PLUS AUTO BODY, INC. Business Location: 297 MEDFORD ST Business Phone: 617-776-4500	
License Holder: A PLUS AUTO BODY, INC. 297 MEDFORD ST SOMERVILLE, MA 02143 617-776-4500	
Mailing Address: A PLUS AUTO BODY, INC. 297 MEDFORD ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) TREASURER - AUGUSTINO FEOLA PRESIDENT - JOHN FRAGIONE SECRETARY - LORI FRAGIONE	
FID: 043160822	
Food Manager/Emergency Contact: JOHN FRAGIONE	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-FR 8AM-6PM, SA 8AM-12PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 1 STORING VEHICLES
- 10 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 6/27/1985, Restrictions 8/12/93-No Working On Cars In Parking Lot Next To 291 Medford St. Also No Working On Cars On Street. No Storage Of Junk, Or Salvage Car Parts In Parking Lot. No Exhaust/Paint Fumes Exiting Without Proper Filtration. No Excessive Noise. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: *John Fragione* Date 4/22/2014
Print Name: John Fragione Phone 617-776-4500



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 297 Medford St

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

Taxpayer/applicant's phone: day: 617-776-4500 evening: _____

I, (print name) John Fragione, 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 20 day of April, 2014. John Fragione
(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: _____

9910 # 118014001 # 827 # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:

received
4-22-14 JK

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: A PLUS AUTO BODY, INC.
 Address: 297 Medford St
 City: SOMERVILLE State: MA Zip: 01943 Phone #: 617-776-4500
 I am an employer with 8 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 Auto Collision Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS Indemnity CO.
 Address: 1 TOWER SQUARE
 City: Hartford State: CT Zip: 06183 Phone #: 1-800-904-8348
 Policy #: UB8B325781 Expiration Date: 4/29/2015

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: John Fragione Date: 4/22/2014
 Print Name: John Fragione

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 #: _____