



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

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**D.M. AUTO BODY INC.**  
48 JOY ST  
SOMERVILLE, MA 02143

License #: **892**  
Fee: **550.00**  
Account ID: **533**  
Reference #: **892**

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: <b>D.M. AUTO BODY, INC.</b> Business Location: <b>48 JOY ST</b> Business Phone: <b>617-623-1111</b>	
License Holder: <b>D.M. AUTO BODY INC.</b> <b>48 JOY ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-1111</b>	
Mailing Address: <b>D.M. AUTO BODY INC.</b> <b>48 JOY ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - DONALD MAZZEO</b> <b>SECRETARY - LAWRENCE CARDONE</b> <b>TREASURER - LAWRENCE CARDONE</b>	
FID: <b>043003275</b>	
Food Manager/Emergency Contact: <b>LAWRENCE CARDONE</b> <b>617-823-5906</b>	

2013 OCT 28 P 2:00  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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-2PM**

**13 VEHICLES**

Description of Location and/or Other Conditions:

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: Lawrence M. Cardone Date: 10/25/13  
 Print Name: Lawrence M. Cardone Phone: 617-623-1111 / 617-823-5906

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

## CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company, hereby continues in force its MA Used Car Dealer Bond Number S-244422

in the sum of Twenty-Five Thousand dollars (\$25,000.00)

on behalf of

D.M. Auto Body Inc.

located at

48 Joy Street  
Somerville, MA 02143

in favor of City of Somerville, MA

for the term beginning December 31st, 2012 and ending on December 31st, 2015, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 25, 2012

NGM Insurance Company

By: 

Katie E. Ford

Attorney-in-Fact

A. A. Dority Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707

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: D.M. Auto Body, Inc  
Address: 48 Joy St  
City: Somerville State: Ma Zip: 02143 Phone #: 617-623-1111

I am an employer with 7 employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other auto Repairs

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National Insurance  
Address: 201 Edgewater Place Suite 295  
City: Wakefield State: Ma Zip: 01880 Phone #: 617-354-4640 / 1-800-598-8422  
Policy #: 4631932 Expiration Date: 10/19/14

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: Lawrence M Cardone Date: 10/25/13  
Print Name: Lawrence M Cardone

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

NOTICE  
TO  
EMPLOYEES



NOTICE  
TO  
EMPLOYEES

The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017  
617-727-4900 - <http://www.state.ma.us/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

Utica National Assurance Company

NAME OF INSURANCE COMPANY

201 Edgewater Place, Suite 295, Wakefield, MA 01880

ADDRESS OF INSURANCE COMPANY

4631932

04-01-2013

04-01-2014

POLICY NUMBER

EFFECTIVE DATES

T Edmund Garrity & Co Inc

545 Concord Ave. suite 16 Cambridge, MA 02138

617-354-4640

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

D M AUTO BODY INC

48 JOY STREET

SOMERVILLE

MA

02143

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: D.M. Auto Body, Inc

Address of taxpayer/applicant's business in Somerville: 48 Joy St

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-623-1111 evening: 617-889-3547

I, (print name) Lawrence McCardone, 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 25<sup>th</sup> day of October, 2013. Lawrence McCardone  
(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: \_\_\_\_\_

# 00870034      # 145024011      # 30000239      # \_\_\_\_\_

NOTES:

 **RECEIVED**  
PK

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP: