

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

CHARLES J. DESALVO
101 CENTRAL AVENUE
LYNN MA 01901

LIC #: 2012-158
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

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

Washing Vehicles: Spray Painting: 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 \$550.00 not
later than April 30, 2012. 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: CENTURY TIRE CO., INC. OF SOMERVILLE TEL: 617-547-7878
Company Address: 00263 -00269 BEACON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
Ship Other
Owner Name: CHARLES J. DESALVO TEL: 781-593-5493
Owner Address: 101 CENTRAL AVENUE

Owner City: LYNN State: MA Zip: 01901
FID#: 043045238

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 07:00 AM-07:00 PM
SATURDAY: 07:00 AM-05:30 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-158
FEE: \$550.00

This is to certify: CHARLES J. DESALVO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/14/1991

Garage situated at: 00263 -00269 BEACON ST
Doing business as : CENTURY TIRE CO., INC. OF SOMERVILLE
Shall not exceed: 6 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NO VEHICLES ON PUBLIC WAY AT ANY TIME.

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

Charles J. Desalvo
Signature of Applicant

101 Central Ave
Address

Lynn Ma 01901
City State Zip

** Office Use Only **

Mailed
Taken

Received: 4/3/12 -ms
\$550.00 ck# 42510
City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 APR -3 P 4:40

IMPORTANT

#475
REF 587

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Century Tire & Auto Service
 Somerville Address and Zip Code: 263-269 Beacon ST 02143
 Phone Number of the Business: 617-547-7878

The Legal Name of the License Holder: Charles DeSalvo
 Street Address of the License Holder: 101 Central Ave
 City, State and Zip Code of the License Holder: Lynn, Ma. 01901
 Phone Number of the License Holder: 781 593-5493
 Email Address of the License Holder: CENTURYTIRES@aol.com

Where We Should Send Mail: Name: SAME AS ABOVE
 Street Address: _____
 City, State and Zip Code: _____
 Email: _____
 Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 043 045 238

Emergency Contact and Phone (For Fire Dept. Use): 781 367-4374 Charles DeSalvo

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: _____
 Corporation (inc. LLC): Name of President: Charles DeSalvo
 Name of Secretary: David DeSalvo
 Name of Treasurer: Joseph DeSalvo
 Other (Attach a Description of the Form of Ownership and the Names of Owners) _____

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Charles DeSalvo Date 4-3-12

2012 APR 3 2 10
 CITY OF SOMERVILLE
 CLERK OF THE CITY

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.

Charles DeSalvo Century Tire Co Inc of Somerville
* Signature of Individual or Corporate Name (Mandatory)

Charles DeSalvo
By: Corporate Officer (Mandatory, if a corporation)

~~XXXXXXXXXX~~ 043 045 238 (FID)
** 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: Centay Tire Inc of Somerville

Address of taxpayer/applicant's business in Somerville: 203-269 Beacon St

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

Taxpayer/applicant's phone: day: 781 593-5493 evening: 781 367-4374

I, (print name) Charles DeSalvo, 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 3 day of

April, 2012. Charles DeSalvo
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

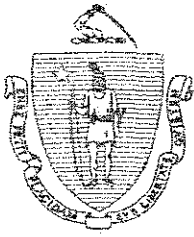
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
1122 # 243019001 # 43 # _____

NOTES:

CLERK'S INITIALS: UR ORIGINAL STAMP: _____

RECEIVED
UBaron
4-3-12



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: Century Tire & Auto Service

address: 263-269 Beacon St

city: Somerville state: Ma zip: 02143 phone #: 617 547-7878

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. Business Type: [X] Retail [] Restaurant/Bar/Eating Establishment [] Office [] Sales (including Real Estate, Autos etc.) [] I am an employer with employees (full & part time). [] Other [] I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: phone #:

insurance co. Ma Retail Merchants WC Group Inc policy # 01400503159111

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 year's 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: Charles DeSalvo Date: 4-3-12

Print name: Charles DeSalvo Phone #: 781 593-5493

Official use only section with fields for city or town, permit/license #, contact person, and various checkboxes for departments like Building Department, Licensing Board, etc.