



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

2013 MAY 30 A 8:36

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

FRED M SUSAN AUTO BODY
269 SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: **753**
City #G88
Fee: **550.00**
Account ID: **636**
Reference #: **753**

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: For FRED M. SUSAN AUTO BODY Business Location: 269 SOMERVILLE AVE Business Phone: 617-776-1570	
License Holder: FRED M SUSAN AUTO BODY 269 SOMERVILLE AVE SOMERVILLE, MA 02143 617-776-1570	
Mailing Address: FRED M SUSAN AUTO BODY SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - WILLIAM PANZINO SECRETARY - WILLIAM PANZINO	
FID: 043179723	
Food Manager/Emergency Contact: BILL PANZINO 781-307-7805	

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**

OPEN TO THE PUBLIC

- 1 AUTO BODY WORK
- 1 SPRAY PAINTING
- 12 VEHICLES
- 12 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 2/11/1926. No Mechanical Repairs. 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: William A Panzino Jr Date: 5/28/13
Print Name: WILLIAM A PANZINO JR Phone: 617-776-1570



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: FRED M. SUSAN AUTO BODY

Address of taxpayer/applicant's business in Somerville: 269 SOMERVILLE AVE

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

Taxpayer/applicant's phone: day: 617-776-1570 evening: 781-307-7805

I, (print name) WILLIAM A PANZINO JR, 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

MAY, 20 13. Will A Panzino Jr
(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: _____

13649 # 120031001 # 109F # _____

NOTES:

CLERK'S INITIALS: UBS

ORIGINAL STAMP:

RECEIVED
UBarnes
5-30-13

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: FRED M. SUSAN AUTO BODY

Address: 269 SOMERVILLE AVE

City: Somerville

State: MA

Zip: 02143 Phone #: 617-776-1576

- I am an employer with 4 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: GUARD INSURANCE GROUP

Address: 16 S. RIVER ST

City: WILKES-BARRE

State: PA

Zip: 18703

Phone #: 800-673-2465

Policy #: FMWC320574

Expiration Date: 4-15-14

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 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: William A. Parzino Jr

Date: 5/28/13

Print Name: William A Parzino Jr

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 #: _____



Policy Information Page

<p>[1] Named Insured and Mailing Address FMS Auto Body, Inc. 268 Somerville Avenue Somerville, MA 02143</p> <p>Federal Employer's ID 04-3179723 Risk ID Number 000061364</p>	<p>Agency CLUETT COMMERCIAL INS AGY 8 PEMBROKE ST Kingston, MA 02364 Agency Code: MACCIA10</p> <p>Insured is Corporation</p>
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<p>[2] Policy Period From April 15, 2013 to April 15, 2014, 12:01 AM, standard time at the insured's mailing address.</p>	
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<p>[3] Coverage</p> <p>A. Workers' Compensation Insurance - Part One of this policy applies to the Workers' Compensation Law of the following states: Massachusetts</p> <p>B. Employer's Liability Insurance - Part Two of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:</p> <table style="margin-left: 40px;"> <tr> <td>Bodily Injury by Accident - each accident</td> <td align="right">\$100,000</td> </tr> <tr> <td>Bodily Injury by Disease - each employee</td> <td align="right">\$100,000</td> </tr> <tr> <td>Bodily Injury by Disease - policy limit</td> <td align="right">\$500,000</td> </tr> </table> <p>C. Other States Insurance - Part Three of this policy applies to all states, except any state listed in item [3]A. and the states of North Dakota, Ohio, Washington, and Wyoming.</p> <p>D. This policy includes these endorsements and schedules: See Extension of Information Page - Schedule of Forms</p>	Bodily Injury by Accident - each accident	\$100,000	Bodily Injury by Disease - each employee	\$100,000	Bodily Injury by Disease - policy limit	\$500,000	
Bodily Injury by Accident - each accident	\$100,000						
Bodily Injury by Disease - each employee	\$100,000						
Bodily Injury by Disease - policy limit	\$500,000						

<p>[4] Premium The Premium Basis and, therefore, the premium will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All required information is subject to verification and change by audit. (Continued on another page)</p>	
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Total Estimated Policy Premium	\$	2,971	
Total Surcharges/Assessments	\$	108	
Total Estimated Cost	\$	3,079	

INTERNAL USE XX
 MGA : FMWC426052
 Date : 04/05/2013
 MANOTE