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

APPLICATION TO RENEW OUTDOOR PARKING LICENSE

	License #: **853**
PAT'S AUTO BODY INC	
PO BOX 167	Fee: **1,260.00**
SOMERVILLE, MA 02143	Account ID: **593**
	Reference #: **853**

Review and update the information below. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> 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: **PAT'S AUTO BODY, INC.** Business Location: **161 LINWOOD ST** Business Phone: **617-628-7500**	
License Holder: **PAT'S AUTO BODY INC** **PO BOX 167** **SOMERVILLE, MA 02143** **617-628-7500**	
Mailing Address: **PAT'S AUTO BODY INC** **PO BOX 167** **SOMERVILLE, MA 02143**	*(stamp)* 2014 APR -9 A 11: 23 CITY CLERK'S OFFICE SOMERVILLE, MA
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - DAVID TAURO** **SECRETARY - DAVID TAURO** **TREASURER - DAVID TAURO**	
FID: **042762439**	
Food Manager/Emergency Contact: **DAVID TAURO** **617-293-2010**	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*
Hours: **NOT APPLICABLE**

63 SPACES

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: X _David Tauro_   Date _4/9/14_
Print Name: _David Tauro_   Phone _617 293-2010_

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Pat's Auto Body Inc

Address of taxpayer/applicant's business in Somerville: 161 Linwood Street

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

Taxpayer/applicant's phone: day: 617-628-7500   evening: 617 293 2010

I, (print name) David Tauro _____, 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 ___9th___ day of _____April_____, 20 14. X ~~~~~~~~~~~~~~
(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: ____

731   # 14505601   # _____   # _____

NOTES:

CLERK'S INITIALS: ____JK____   **ORIGINAL STAMP:** RECEIVED 4-9-14 JK

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Pat's Auto Body, Inc

Address: 161 Linwood Street

City: Somerville   State: MA   Zip: 02143   Phone #: 617-628-7500

☒ I am an employer with 13 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 Repair shop

Workers' compensation insurance information (if applicable):

Insurance Company Name: AmTrust North America / Technology Insurance

Address: 2605 Enterprise Road East, Ste 290

City: Clearwater   State: FL   Zip: 33759   Phone #: 888-486-7466

Policy #: TWC3372275   Expiration Date: 9/9/14

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: X _____   Date: 4/9/14

Print Name: David Tauro

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 #: _____

(revised Jan. 2008)