

15 spaces

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date

2011 MAR 17 A 8:56
FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$ 300.-
CITY CLERK'S OFFICE
SOMERVILLE, MA

- ☐ New Application
☐ Renewing Application with Additions or Changes
☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Martha Lee Trust / Martha Lee Phone: 617-628-5552
Applicant's Address (with Zip Code): 149 Highland Ave. Somerville, MA 02143
Applicant's Email Address: ditucci@net.net
Applicant's Federal Employer Identification Number: 033220630/04-254-4479
Business DBA Name (if applicable): Permit for
Business Location (with Zip Code): 149 Highland Ave. 02143
Mailing Name (where we should send correspondence to): Robert DiTucci Trustee
Mailing Address (with Zip Code): 170 Highland Ave. Som. MA 02143 #5
Emergency Contact: Phone:

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☒ Trust
☐ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:
Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:
Address with Zip Code:

Partner's/Member's/Secretary's Name:
Address with Zip Code:

Partner's/Member's/Treasurer's Name:
Address with Zip Code:

Square Footage of the Space to be Used for Parking: _____ Square Feet.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Robert D. Tucci Date: 3/19/16

Print Name: Robert D. Tucci Phone: 617-608-5552

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- ☐ The use is permitted as of right
- ☐ The use requires a special permit
- ☐ The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____

Signature: _____ Title _____ Date: _____

**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.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)



**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: MARSHA LEE MUST

Address of taxpayer/applicant's business in Somerville: 140 Highland Ave

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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 _____ day of

_____, 20____.

(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: _____

04202205 # 229011001 # _____ # _____
229010001

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Robert D. Tucci
Address: 170 Highland Ave
City: South State: MA Zip: 02113 Phone #: 617-628-5552

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input checked="" type="checkbox"/> Other <u>proprietor owner no employees</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: MA Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Robert D. Tucci Date: 3/17/11
Print Name: Robert D. Tucci

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____