



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

**APPLICATION TO RENEW GARAGE LICENSE**

**KRISCO CORP.  
444 SOMERVILLE AVE  
SOMERVILLE, MA 02143**

License #: **755**  
City # **G91**  
Fee: **550.00**  
Account ID: **638**  
Reference #: **755**

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>MAACO AUTO PAINTING</b> Business Location: <b>444 SOMERVILLE AVE</b> Business Phone: <b>617-666-4882</b>	
License Holder: <b>KRISCO CORP. 444 SOMERVILLE AVE SOMERVILLE, MA 02143 617-666-4882</b>	
Mailing Address: <b>KRISCO CORP. 444 SOMERVILLE AVE SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - KRIS OGONOWSKY TREASURER - KRIS OGONOWSKY SECRETARY - MARY OGONOWSKY</b>	
FID: <b>042971059</b>	
Food Manager/Emergency Contact: <b>KRIS OGONOWSKY 617-666-4886</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 7AM-7PM, SA 8AM-5PM**

**OPEN TO THE PUBLIC**

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

Description of Location and/or Other Conditions:

**Originally Issued 11/23/1983, No Parking Employee Or Customer Cars On Somerville Avenue. 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: \_\_\_\_\_ Date 3/20/14

Print Name: Kris Ogonowsky Phone 617 666 4886



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

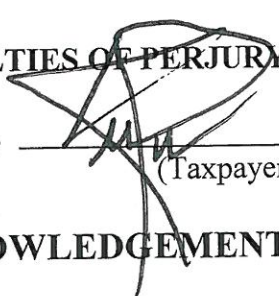
Exact name of taxpayer/applicant's business: KRISCO CORP

Address of taxpayer/applicant's business in Somerville: 444 SOMERVILLE AVE

Address of taxpayer/applicant's home in Somerville: 444 SOMERVILLE AVE

Taxpayer/applicant's phone: day: 617 666 4886 evening: \_\_\_\_\_

I, (print name) KRIS DEBOWSKY, 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 20th day of March, 2014.   
(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: \_\_\_\_\_

# 13860 # 242071001 # 1120 # \_\_\_\_\_

NOTES:

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

ORIGINAL STAMP:

**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: Keisco Corp  
Address: 1144 Sumner Ave  
City: Sumner State: MA Zip: 02443 Phone #: 617-666-4886

- ☒ I am an employer with 16 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: Utica  
Address: 180 Genesee St  
City: New Hartford State: NY Zip: 13413 Phone #: 18002843806  
Policy #: 4218125 Expiration Date: 6/1/14

**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: [Signature] Date: 3/20/14

Print Name: Keis G. [Signature]

*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 \_\_\_\_\_