

IMPORTANT

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: DOMENIC FABRIZIO
Somerville Address and Zip Code: 290 SOMERVILLE AVE REAR SOM.
Phone Number of the Business: 617-959-0069 02143

The Legal Name of the License Holder: DOMENIC FABRIZIO
Street Address of the License Holder: 72 SCHOOL ST. UNIT 6
City, State and Zip Code of the License Holder: EVERETT MA 02149
Phone Number of the License Holder: 617-959-0069
Email Address of the License Holder: -

Where We Should Send Mail: Name: DOMENIC FABRIZIO
Street Address: 72 SCHOOL ST EVERETT MA 02149
City, State and Zip Code: EVERETT MA 02149
Email: _____
Phone Number: 617-381-1052

Federal ID # (Do Not Give a Social Security #): _____

Emergency Contact and Phone (For Fire Dept. Use): _____

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: DOMENIC FABRIZIO
 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: _____
Name of Secretary: _____
Name of Treasurer: _____
 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: Domenic Fabrizio Date 04-26-12

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.

Domenico Fabrizio
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

015321950
** 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: DOMENIC FABRIZIO

Address of taxpayer/applicant's business in Somerville: 290 SOM. AVE REAR SOMERVILLE MA.

Address of taxpayer/applicant's home in Somerville: 290 SOM. AVE SOMERVILLE MA.

Taxpayer/applicant's phone: day: 617-959-0069 evening: 617-381-1052

I, (print name) DOMENIC FABRIZIO, 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 26 day of

APRIL, 20 12. Domenic Fabrizio
(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: _____

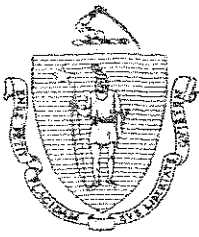
06229152 # 120052001 # _____
13562

NOTES:

CLERK'S INITIALS: AL

ORIGINAL STAMP:

RECEIVED
14-26-12



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: DOMENIC FABRIZIO

address: 290 SOMERVILLE AVE REAR

city: SOMERVILLE state: MA zip: 02143 phone # 617-959-0069

work site location (full address): 290 SOM-AVE REA SOMERVILLE MA. 02143

I am a sole proprietor and have no one working in any capacity. Business Type: Office Retail Restaurant/Bar/Eating Establishment 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. policy #

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 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 Domenic Fabrizio Date 04-26-12

Print name DOMENIC FABRIZIO Phone # 617-959-0069

official use only do not write in this area to be completed by city or town official

city or town: permit/license # Building Department Licensing Board

check if immediate response is required Selectmen's Office Health Department

contact person: phone #: Other

(revised Sept. 2003)