CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

REMEMAL APPLICATION	M FOR Gridion Discussion and account	
DOMENIC FABRIZIO 72 SCHOOL STREET, UNIT #6	LIC #: 2012-089 B.O.A.# 178990	
FVFPFTT MA 02149	WAL CERTIFICATE FOR YOUR ***	
THE PLANT OF THE PARTY OF THE PRICE OF THE P	INDIVI	
ALLOWED USES - (CHOUSE ALL THAT A	Nork: Parking or Storing Vehicles:	
Washing Wahialad Shray Daint	TING. ODERALING A TOW VEHICLE.	
TOCTION THE ACCORDANCE MITTHE THE ADDITION	TTE DROVISIONS OF M.G.L.A. CHP. 140 DEC 13	
TSSUED IN ACCORDANCE WITH THE AFFIICAL	led with the required fee of \$550.00 not	
later than April 30, 2012. Use the er	adloged envelope	
Kindly fill in the information correct	ing any errors listed on our current	
records below. Please print or type yo	our information except for signature.	
Company Name: DOMENIC FABRIZIO	TEL: 617-595-0069	
Company Address: 00290 REAR SOMERVILLE	VA S	
Company Address: 00290 REAR SOMERVILLE	7 2 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
City: SOMERVILLE State	e: MA Zip: 02143	
Choole One.	GOV. t Partifier	
Individual: X Co: Corp: Trus	st: Agency Ship Other	
Owner Name: DOMENTO FARRIXIO	<u></u>	
Owner Address: 72 SCHOOL STREET, UNI	IT #6	
Owner City: EVERETT	State: <u>MA</u> Zip: <u>02149</u>	
ETD#. 015321950		
This renewal is being sent to you as a	a courtesy, please file on time. If this	
renewal is not returned to City Clerk	s office by 04/30/2012, please advise.	
HOLDE OF ODEDERTONE +++++	Very truly yours,	
**** HOURS OF OPERSTIONS *****	<u>.</u>	
MONDAY-FRIDAY: 08:00 AM-07:00 PM		
SATURDAY: 08:00 AM-02:00 PM		
SUNDAY: CLOSED	John J. Long	
	City Clerk	
OUR CURRENT INFO	ORMATION SHOWS	
GARAGE OPEN TO TH	E PUBLIC LICENSE #: 2012-089	
OMGIOL OTEM TO THE	FEE: \$550.00	
This is to certify: DOMENIC FABRIZIO		
has been licensed by the Mayor and the	e Aldermen of the City of Somerville.	
Since 01/24/1974		
The second secon	ILLE AV	
Doing business as : DOMENIC FABRIZIO		
Shall not exceed: 2 Vehicles Inside &	2 Vehicles Outside, not on public ways	
Doing business as: DOMENIC FABRIZIO Shall not exceed: 2 Vehicles Inside & 2 Vehicles Outside, notion public ways in addition the following restrictions apply:		
ADDROVED AND AMENDED ON AUGUST 11, 2005 BOA #178990, NO PARAI PAINTING		
CHANGED FROM 2 TO 4 DOM #100001 GIVE 01 1111111 OF 11111111		
APPROVED BY GEORGE LANDERS ON 6/4	/2007. 34 5	
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	v.	
This renewal certificate must be sign	ed by the holder of the license.	
Check One: Owner Occupant _	Holder V	
Check one. Owner		
Domenic Tabrigio	** Office Use Only **	
Signature of Applicant	Mailed $\underline{\hspace{1cm}}$	
	Taken	
72 SCHOOL ST UNIT 6		
Address	Received:	
- 1 - 10 Port MA AO 11.0		
EVERETT MA 02149	City Clerk	
City State Zip	CTCA CTCTV	

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: <u>EVERETT MA 02149</u>	
Phone Number of the License Holder: 617.959.0069	
Email Address of the License Holder:	
WE WAS THE THE DOUBLE FURDITHO	
Where We Should Send Mail: Name: DOMENIC FABRIZTO	
Street Address: 72 SCHOOL ST EVERETT MA 02/149	
City, State and Zip Code: <u>FVERETT MA-02149</u>	
Email:	
Phone Number: 6/7, 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: DOMENAC FABRIZEO	
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:	

License Holder Signature: Domonie Tolongio Date 04-26-12

-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.

-All information shown above is true and accurate.

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: <u>DOMENIC FABRIZIO</u>
Address of taxpayer/applicant's business in Somerville: 290 SOM. AVE REAR SOMERVILLE A
Address of taxpayer/applicant's home in Somerville: 290 SOM- AVE SOMERVILLEM
Taxpayer/applicant's phone: day: <u>617-959.0069</u> evening: <u>617-381-1652</u>
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
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: □ # 0(229152 # 1200\$200) # # #
NOTES: CLERK'S INITIALS: ORIGINAL STAMP: A4-2-6



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

	PRINT legisly
name: DOMENIC FABRIZIO	0
address: 290 SOMERVILLE AVE	REAR
city SOMERVILLE state: MI	
Lam a sole proprietor and have no one Business TV	FREA SOMERVILLE MA. 69.143 pe: Retail Restaurant/Bar/Eating Establishment Office Sales (including Real Estate, Autos etc.) e). 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 co	ontractors listed below who have the following workers'
compensation polices:	
соврапу наше:	
address:	
city:	phone #:
insurance co.	policy#
company name:	
address:	
City:	phone#:
insurance co. Attach additional sheet if necessary	policy#
in Junday Section 254 of MCI 15	52 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or OP WORK ORDER and a fine of \$100.00 a day against me. I understand that a ons 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 Tabriza	Date 0 4-26-12
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
official use only do not write in this area to be completed by city or town:	permit/license #Building DepartmentLicensing Board
check if immediate response is required	Selectmen's Office Health Department
contact person:	permit/license #Building Department