

**CITY OF SOMERVILLE  
 MASSACHUSETTS  
 OFFICE OF THE CITY CLERK  
 RENEWAL APPLICATION FOR GARAGE LICENSE**

GASPER OSTUNI  
 9 TIMBERHILL LANE  
 LYNNFIELD MA 01940

LIC #: 2012-206  
 B.O.A.#

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_ Auto Body Work: \_\_\_ Parking or Storing Vehicles: X  
 Washing Vehicles: \_\_\_ Spray Painting: \_\_\_ Operating a Tow Vehicle: \_\_\_

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
 This Certificate must be signed and filed with the required fee of \$550.00 not  
 later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
 records below. Please print or type your information, except for signature.

Company Name: GASPER OSTUNI TEL: 781-272-2650  
 Company Address: 00195 HIGHLAND AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: X Corp: \_\_\_ Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Gov't Partner  
 Other \_\_\_  
 Owner Name: GASPER OSTUNI TEL: 781-272-2650

Owner Address: 9 TIMBERHILL LANE

Owner City: LYNNFIELD State: MA Zip: 01940

FID#: \_\_\_\_\_

This renewal is being sent to you as a courtesy, please file on time. If this  
 renewal is not returned to City Clerk's office by 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
 MONDAY-FRIDAY: 08:00 AM-06:00 PM  
 SATURDAY: 08:00 AM-02:00 PM  
 SUNDAY: CLOSED

Very truly yours,

John J. Long  
 City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
 -- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-206  
 FEE: \$550.00

This is to certify: GASPER OSTUNI  
 has been licensed by the Mayor and the Aldermen of the City of Somerville.  
 Since 11/09/1933

Garage situated at: 00195 HIGHLAND AV

Doing business as : GASPER OSTUNI

Shall not exceed: 12 Vehicles Inside

in addition the following restrictions apply:

COMMERCIAL

This renewal certificate must be signed by the holder of the license.  
 Check One: Owner \_\_\_\_\_ Occupant \_\_\_\_\_ Holder \_\_\_\_\_

Gasper Ostuni  
 Signature of Applicant  
9 Timberhill Lane  
 Address  
Lynnfield Ma 01940  
 City State Zip

\*\* Office Use Only \*\*  
 Mailed \_\_\_\_\_  
 Taken \_\_\_\_\_  
 Received: \_\_\_\_\_  
 \_\_\_\_\_  
 City Clerk

CITY CLERK'S OFFICE  
 SOMERVILLE, MASSACHUSETTS  
 2012 APR -30 P 157

**IMPORTANT**

#522  
REF 637

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: GASPAR OSTUNI  
 Somerville Address and Zip Code: 195 HIGHLAND AV  
 Phone Number of the Business: Somerville - 781-272-2650

The Legal Name of the License Holder: GASPAR OSTUNI  
 Street Address of the License Holder: 9 TIMBERHILL LANE  
 City, State and Zip Code of the License Holder: LYNNFIELD MA 01940  
 Phone Number of the License Holder: 781-334-2269-781-272-2650  
 Email Address of the License Holder: \_\_\_\_\_

Where We Should Send Mail: Name: GASPAR OSTUNI  
 Street Address: 9 TIMBERHILL LANE  
 City, State and Zip Code: LYNNFIELD MA 01940  
 Email: \_\_\_\_\_  
 Phone Number: 781-334-2269

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

Emergency Contact and Phone (For Fire Dept. Use): 781-424 2079 SON. OSTUNI

Type of Business (Check Only One and Give the Names Indicated):  
 Sole Proprietor: Name of Owner: GASPAR OSTUNI  
 \_\_\_\_\_ 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)

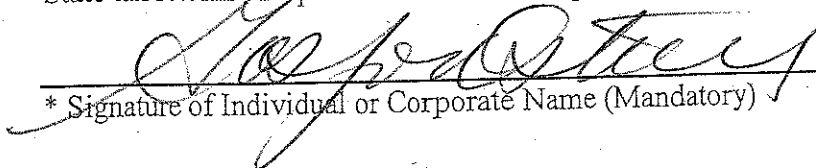
**ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:**  
 -All information shown above is true and accurate.  
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.  
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: *Gaspar Ostuni* Date: 7/1/12

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.

  
\_\_\_\_\_  
\* 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: GASPAR OSTUNI

Address of taxpayer/applicant's business in Somerville: 195 HIGHLAND AV

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 781-272-2650 evening: 781-334-2269

I, (print name) GASPAR OSTUNI, 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 18<sup>th</sup> day of

APRIL, 2012. [Signature]  
(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: \_\_\_\_\_

# 15515145      # 23013001      # \_\_\_\_\_

NOTES: 7091

CLERK'S INITIALS: dl

ORIGINAL STAMP:

**RECEIVED**  
4-3-12



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: GASPAR OSTUNI  
 address: 9 TIMBERHILL LANE  
 city: LYNNFIELD state: MA zip: 01940 phone #: 781-334-2269

work site location (full address):  
 I am a sole proprietor and have no one working in any capacity. **Business Type:**  Retail  Restaurant/Bar/Eating Establishment  
 Office  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: [Signature] Date: 4/11/12  
 Print name: GASPAR OSTUNI Phone #: 781-334-2269

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  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)