

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

JOAO LIBERATO  
 120 FEDERAL STREET  
 WILMINGTON MA 01887

LIC #: 2011-079  
 B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:     Parking or Storing Vehicles:      
 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 \$500.00 not  
 later than April 30, 2011. 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: J.C. AUTO REPAIR TEL: 617-776-4199  
 Company Address: 00091 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co:     Corp:     Trust:     Agency     Ship     Gov't Partner  
 Other      
 Owner Name: JOAO LIBERATO TEL: 617-776-4199  
 Owner Address: 120 FEDERAL STREET

Owner City: WILMINGTON State: MA Zip: 01887  
 FID#: 042924174

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 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
 MONDAY-FRIDAY: 07:00 AM-05:00 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 #: 2011-079  
 FEE: \$500.00

This is to certify: JOAO LIBERATO  
 has been licensed by the Mayor and the Aldermen of the City of Somerville.  
 Since 12/08/1983  
 Garage situated at: 00091 PROSPECT ST  
 Doing business as : J.C. AUTO REPAIR  
 Shall not exceed: 2 Vehicles Inside & 8 Vehicles Outside, not on public ways  
 in addition the following restrictions apply:

2011 APR 29 AM 9:31  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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

X Joao Liberato  
 Signature of Applicant  
91 Prospect St  
 Address  
Somerville MA 02143  
 City State Zip

\*\* Office Use Only \*\*  
 Mailed      
 Taken      
 Received: 4-29-11 CK 9721  
\$500.00  
 City Clerk

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.

X Frank Roberto  
\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042924174 (FID)  
\*\* 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: JC Auto Repair  
Address of taxpayer/applicant's business in Somerville: 91 Prospect St  
Address of taxpayer/applicant's home in <sup>Wilmington</sup> Somerville: 120 Federal St  
Taxpayer/applicant's phone: day: 6177764199 evening: 9786584190

I, (print name) Joao Liberato, 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 5<sup>th</sup> day of April, 20 11. Joao Liberato  
(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: \_\_\_\_\_  
# 04171210      # 12507900 / # 30050267      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**received**  
4/4-2/11



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: JOAO Liberato (JC Auto Repair)

address: 120 Federal St

city: Wilmington state: MA zip: 01887 phone #: 6177764199

work site location (full address): 91 Prospect St Somerville, MA 02143

- 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 2 employees (full & part time).  other mechanical repair
- I am an employer providing workers' compensation for my employees working on this job.

company name: Chacts

address: Po Box 409

city: Parsippany NJ 07054 phone #: 800-645-2259

insurance co. Today's Insurance Agency policy #: WC5091951

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 Joao Liberato Date 4/5/11

Print name JOAO LIBERATO Phone # 6177764199

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

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

Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

(revised Sept. 2003)