



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

APPLICATION TO RENEW GARAGE LICENSE

ALEX AUTO BODY, INC.
75 WASHINGTON ST
SOMERVILLE, MA 02143

License #: 769
City #G104
Fee: 550.00
Account ID: 652
Reference #: 769

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: ALEX AUTO BODY, INC. Business Location: 75 WASHINGTON ST Business Phone: 617-776-2429	
License Holder: ALEX AUTO BODY, INC. 75 WASHINGTON ST SOMERVILLE, MA 02143 617-776-2429	
Mailing Address: ALEX AUTO BODY, INC. 75 WASHINGTON ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - SALVATORE LENA SECRETARY - SALVATORE LENA TREASURER - SALVATORE LENA	
FID: 042815962	
Food Manager/Emergency Contact: SALVATORE LENA	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- | | |
|----------------------|--------------------|
| 1 AUTO BODY WORK | 3 VEHICLES OUTSIDE |
| 1 MECHANICAL REPAIRS | |
| 5 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 8/27/1981, No Spray Painting. 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 3/25/2014
Print Name: Salvatore Lena Phone 617-776-2429

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: Alex Auto Body INC.

Address: 75 WASHINGTON ST

City: Somerville, MA State: MA Zip: 02143 Phone #: 617-776-2429

- I am an employer with 3 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 AUTO REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: Nicholas Consoles INS. Agency

Address: 153 ANDOVER ST

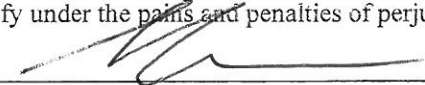
City: Danvers State: MA Zip: 01923 Phone #: 978-223-4037

Policy #: UB8006P057 Expiration Date: 3-25-15

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:  Date: 3-20-14

Print Name: SALVATORE LENA

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SOMERVILLE 75 WASHINGTON ST. LLC

Address of taxpayer/applicant's business in Somerville: 75 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-776-2499 evening: 617-640-8654

I, (print name) SALVATORE LENA, 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, 20 14. _____
(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: _____

15690 # 109105001 # 1256 # _____

NOTES:

CLERK'S INITIALS:

ORIGINAL STAMP: 5/22/14