

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

WILLIAM A. PANZINO, JR.
20 BROADMEADOW LANE
ABINGTON MA 02351

LIC #: 2012-088
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:___ Auto Body Work: X Parking or Storing Vehicles:___Washing Vehicles:___ Spray Painting: X 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: FRED M. SUSAN & SONS AUTO REPAIR TEL: 617-776-1570
Company Address: 00267 -00269 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co:___ Corp:___ Trust:___ Agency___ Ship___ Other___
Gov't Partner

Owner Name: WILLIAM A. PANZINO, JR.

TEL: _____

Owner Address: 20 BROADMEADOW LANEOwner City: ABINGTON State: MA Zip: 02351FID#: 043179723

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 #: 2012-088

FEE: \$550.00

This is to certify: WILLIAM A. PANZINO, JR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/11/1926

Garage situated at: 00267 -00269 SOMERVILLE AV

Doing business as : FRED M. SUSAN & SONS AUTO REPAIR

Shall not exceed: 12 Vehicles Inside

in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license

Check One: Owner ✓ Occupant___ Holder___

William A Panzino J
Signature of Applicant

20 BROADMEADOW LANE
Address

ABINGTON MA 02351
City State Zip

** Office Use Only **

Mailed

Taken ✓Received: 550.00

City Clerk

2012 MAY 17 A: 8:51
CITY CLERK'S OFFICE
SOMERVILLE, MA

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:	FRED M SUSAN AUTO BODY	
Somerville Address and Zip Code:	269 SOMERVILLE AVE	02143
Phone Number of the Business:	617-776-1570	

The Legal Name of the License Holder:	WILLIAM A PANZINO JR.	
Street Address of the License Holder:	20 BROADMEADOW LANE	
City, State and Zip Code of the License Holder:	ABINGTON, MA 02351	
Phone Number of the License Holder:	781-307-7805	
Email Address of the License Holder:	FMSAUTOBODY@MSN.COM	

Where We Should Send Mail: Name:	FRED M SUSAN AUTO BODY	
Street Address:	269 SOMERVILLE AVE	
City, State and Zip Code:	SOMERVILLE, MA 02143	
Email:	FMSAUTOBODY@MSN.COM	
Phone Number:	617-776-1570	

Federal ID # (Do Not Give a Social Security #):	04-3179723
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Emergency Contact and Phone (For Fire Dept. Use):	BILL PANZINO - 781-307-7805
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Type of Business (Check Only One and Give the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:	
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President:	WILLIAM A. PANZINO JR
Name of Secretary:	SAME
Name of Treasurer:	SAME
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: William A Panzino Jr Date: 5/11/12

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.

FMS AUTOBODY INC

* Signature of Individual or Corporate Name (Mandatory)

William A. Panzino Jr

Will A Panzino Jr

By: Corporate Officer (Mandatory, if a corporation)

04-3179723

** 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: FRED M SUSAN AUTO BODY

Address of taxpayer/applicant's business in Somerville: 269 SOMERVILLE AVE

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

Taxpayer/applicant's phone: day: 617-776-1570 evening: 781-871-6086

I, (print name) WILLIAM A PANZINO JR, 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 11 TH day of

MAY, 20 12. William A Panzino Jr
(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: _____

13559 # 120081011 # 1104 # _____
13532

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP 

RECEIVED

5-17-12



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: WILLIAM A. PANZINO JR

address: 269 SOMERVILLE AVE

city: SOMERVILLE

state: MA

zip: 02143 phone # 617-776-1570

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 3 employees (full & part time). ☒ Other AUTO BODY REPAIR

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: FRED M SUSAN AUTO BODY

address: 269 SOMERVILLE AVE

city: SOMERVILLE

phone #: 617-776-1570

insurance co. GUARD INSURANCE GROUP policy # FMWC215752

☐ 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

William A. Panzino Jr

Date 5/11/12

Print name

WILLIAM A. PANZINO JR

Phone # 617-776-1570

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)