



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

APPLICATION TO RENEW GARAGE LICENSE

**GENERAL GLASS & MIRROR CORP.
231 LOWELL ST
SOMERVILLE, MA 02144**

2012

License #: 717
City #G55
Fee: 550.00
Account ID: 598
Reference #: 717

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: For GENERAL GLASS & MIRROR CORP. Business Location: 231 LOWELL ST Business Phone: 617-625-4460	
License Holder: GENERAL GLASS & MIRROR CORP. 231 LOWELL ST SOMERVILLE, MA 02144 617-625-4460	James Nazzaro
Mailing Address: GENERAL GLASS & MIRROR CORP. SOMERVILLE, MA 02144	66 Barget Ave Medford, Ma.
Business Type: CORPORATION (INC. LLC)	
FID: 042815684	
Food Manager/Emergency Contact:	

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 STORING VEHICLES | 5 VEHICLES OUTSIDE |
| 10 VEHICLES | |
| 5 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 12/14/1944. No Mechanical Repairs. No Auto Body. 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: James Nazzaro

Date: 5/6/13

Print Name: James Nazzaro

Phone: 781-391-5670

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: James Nazzaro
Address: 66 Burget Ave
City: Malden State: MA Zip: 02155 Phone #: 781-391-5670

- ☐ I am an employer with _____ 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 Building Owner

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: James Nazzaro Date: 5/6/2013
Print Name: James Nazzaro 781-391-5670

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

Building Owner

Exact name of taxpayer/applicant's business: James Nazzaro

Address of taxpayer/applicant's business in Somerville: Home 66 Burget Ave Medford Ma

Address of taxpayer/applicant's home in Somerville: Business 31 Lowell St.

Taxpayer/applicant's phone: day: 781-391-5600 evening: Same

I, (print name) _____, 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 6 day of

May, 20 13.

James Nazzaro
(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: _____

9186

745

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 