

\$500.00

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

DAVID GENNARO  
91 WASHINGTON STREET  
SOMERVILLE MA 02143

LIC #: 2010-105  
2010 APR 6 A 11:05

\*\*\* 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:     

CITY CLERK'S OFFICE

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, 2010. 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: M. KORSON & CO., INC. TEL: 617-625-6060  
Company Address: 00091 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp: X Trust:      Agency      Ship      Gov't Partner Other       
Owner Name: DAVID GENNARO TEL: 1-617-625-6060  
Owner Address: 91 WASHINGTON STREET

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 042576260

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 04/30/2010, 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 #: 2010-105  
FEE: \$500.00

This is to certify: DAVID GENNARO has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 11/08/1956  
Garage situated at: 00091 WASHINGTON ST  
Doing business as : M. KORSON & CO., INC.  
Shall not exceed: 1 Vehicles Inside & 3 Vehicles Outside, not on public ways in addition the following restrictions apply:  
4 18/WHEEL TRUCKS (OIL TANKERS)  
NO TRUCKS ON WASHINGTON STREET

CITY CLERK'S OFFICE  
2010 APR -6 A 11:05

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

David Gennaro  
Signature of Applicant  
91 Washington St  
Address  
Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed       
Taken       
Received:       
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.

M. KORSON & CO

\* Signature of Individual or Corporate Name (Mandatory)

David Sennar

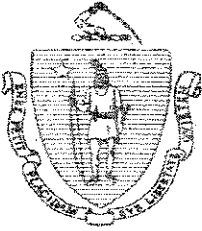
By: Corporate Officer (Mandatory, if a corporation)

042 57 6260

\*\* 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.



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: DAVID L GENNARO  
 address: 91 WASHINGTON ST  
 city: Somerville state: MA zip: 02143 phone #: 6176256060

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 5 employees (full & part time).  Other

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

company name: M. KORSON REC  
 address: 91 WASHINGTON ST  
 city: Somerville MA 02143 phone #: 6176256060  
 insurance co. AIG policy #: 7434253

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: David L Gennaro Date: 4-6-10  
 Print name: DAVID L GENNARO Phone #: 6176256060

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  
 check if immediate response is required  Selectmen's Office  
 Health Department  
 contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  Other \_\_\_\_\_  
(revised Sept. 2003)



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: M. MORSON David Gennaro
- Address of taxpayer/applicant's business in Somerville: 91 Washington
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: 617 625 6060 evening: 617 872 0782

I, DAVID Gennaro, 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 April, 2010. David Gennaro  
(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: \_\_\_\_\_

# 07271066     
 # 109108001     
 # 20051113     
 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: R

ORIGINAL STAMP:

**received**  
1-7-6-10