

\$2000<sup>00</sup>

**IMPORTANT**

#135  
REF 126

**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 you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.**

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
MAY 18 - 4 P 2:02

License Type: Outdoor Parking  
License Number: #191325  
Business Name: Pat's Auto Body Inc  
Location: 24-30 Joy St  
Spaces: 100  
Special Conditions (if any):

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: _____
Somerville Address and Zip Code: _____
Phone Number of the Business: _____

The Legal Name of the License Holder: _____
Street Address of the License Holder: <u>24-30 Joy Street</u>
City, State and Zip Code of the License Holder: <u>Somerville, MA 02143</u>
Phone Number of the License Holder: <u>617-628-7500</u>
Email Address of the License Holder: <u>pat's_ab@verizon.net</u>

Where We Should Send Mail: Name: <u>Pat's Auto Body Inc</u>
Street Address: <u>P.O. Box 167</u>
City, State and Zip Code: <u>Somerville, MA 02143</u>
Email: <u>pat's_ab@verizon.net</u>
Phone Number: <u>617-628-7500</u>

Federal ID # (Do Not Give a Social Security #): <u>01-2762439</u>
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Emergency Contact and Phone (For Fire Dept. Use): <u>David Tauro 617 2932010</u>
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Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: \_\_\_\_\_

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

Corporation (inc. LLC): Name of President: David Tauro

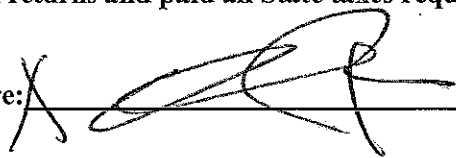
Name of Secretary: David Tauro

Name of Treasurer: David Tauro

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:  Date 4/3/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Pat's Auto Body Inc

Address of taxpayer/applicant's business in Somerville: 24-30 Joy Street 02143

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2010

I, (print name) David Tauro, 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 3rd day of April, 2012. [Signature]  
(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: \_\_\_\_\_

# 09100064      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_  
8267

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**RECEIVED**  
4-4-12

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: Pat's Auto Body, INC  
Address: 24-30 Joy Street  
City: Somerville State: MA Zip: 02143 Phone #: 617-6287500  
 I am an employer with 15 employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other auto repairs

Workers' compensation insurance information (if applicable):

Insurance Company Name: Technology Insurance Co  
Address: 5800 Lombardo Center  
City: Cleveland State: OH Zip: 44137 Phone #: 8775287878  
Policy #: TWC 3292644 Expiration Date: 9/9/2012

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: [Signature] Date: 4/3/12  
Print Name: David Tauro

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 \_\_\_\_\_