



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

APPLICATION TO RENEW GARAGE LICENSE

**WALNUT HILL AUTO BODY, INC.
235 LOWELL ST
SOMERVILLE, MA 02144**

License #: **718**

City # **G241**

Fee: **550.00**

Account ID: **599**

Reference #: **718**

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 WALNUT HILL AUTO BODY, INC. Business Location: 235 LOWELL ST Business Phone: 617-625-6700	
License Holder: WALNUT HILL AUTO BODY, INC. 235 LOWELL ST SOMERVILLE, MA 02144 617-625-6700	
Mailing Address: WALNUT HILL AUTO BODY, INC. SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOHN TERNULLO SECRETARY - JOHN TERNULLO	
FID: 042947951	
Food Manager/Emergency Contact: JOHN TERNULLO 978-649-6838	

2013 APR 19 A 9:19
CITY CLERK'S OFFICE
SOMERVILLE, MA

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 | 10 VEHICLES |
| 1 MECHANICAL REPAIRS | 8 VEHICLES INSIDE |
| 1 SPRAY PAINTING | 2 VEHICLES OUTSIDE |

Description of Location and/or Other Conditions:

Originally Issued 5/11/2006. 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: *John A. Ternullo* Date: 4/19/13
Print Name: JOHN A. TERNULLO Phone: 617-625-6700

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: WALNUT HILL AUTO BODY INC
Address: 235 HOWEAL ST.
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-625-6700

- ☐ 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 _____

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: John A. Ternullo Date: 4/19/13
Print Name: JOHN A. TERNULLO

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: WALNUT HILL AUTO BODY INC

Address of taxpayer/applicant's business in Somerville: 235 LOWELL ST.

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

Taxpayer/applicant's phone: day: 617-625-6700 evening: 978-649-6838

I, (print name) JOHN A. TERNUCCI, 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 19th day of APRIL, 2013. John A. Ternucci
(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: _____

20664190 # 22805103 # 235 # _____

NOTES: 9187

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

