

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

JOSEPH DEPALO, JR.
9 GREENE STREET
SOMERVILLE MA 02143

LIC #: 2012-029
B.O.A.# 188129

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☐ Auto Body Work: ☒ Parking or Storing Vehicles: ☒
Washing Vehicles: ☒ Spray Painting: ☒ 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: SOMERVILLE BODY WORKS, INC TEL: 617-764-0808
Company Address: 00042 DANA ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency ☐ Gov't ☐ Partner ☐ Ship ☐ Other ☐
Owner Name: JOSEPH DEPALO, JR. TEL: 617-201-7542
Owner Address: 9 GREENE STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 027665886

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 #: 2012-029
FEE: \$550.00

This is to certify: JOSEPH DEPALO, JR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 01/24/1929

Garage situated at: 00042 DANA ST

Doing business as : SOMERVILLE BODY WORKS, INC

Shall not exceed: 10 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:

THE LICENSE IS APPROVED FOR 60 DAYS ONLY.

THE DOORS AT 42 DANA STREET ARE TO BE KEPT CLOSED.

NO VEHICLES ARE TO BE PARKED ON THE STREET.

NO WORK IS TO BE PERFORMED BEFORE 8AM OR AFTER 6 PM MONDAY-FRIDAY,

BEFORE 8 AM OR AFTER 2 PM SATURDAY, OR AT ANY TIME ON SUNDAY.

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

Joseph Depalo
Signature of Applicant

9 Greene St

Address

Somerville MA 02143

City State Zip

** Office Use - Only **

Mailed ☐

Taken ☐

Received: 7-10-12 CK 1277

\$550-

City Clerk

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 JUL 10 PM 1:28

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: Somerville Body Works Inc
Somerville Address and Zip Code: 42 DANA ST Somerville
Phone Number of the Business: 617 406-7947

The Legal Name of the License Holder: Joseph DePaio JR
Street Address of the License Holder: 96 Greene St
City, State and Zip Code of the License Holder: Somerville MASS 02141
Phone Number of the License Holder: 617 406-7947 406-7947
Email Address of the License Holder: _____

Where We Should Send Mail: Name: 42 DANA ST
Street Address: 42 DANA ST
City, State and Zip Code: Somerville, MA
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 27-0219654

Emergency Contact and Phone (For Fire Dept. Use): 617-764-1777

Type of Business (Check Only One and Give the Names Indicated):
☒ Sole Proprietor: Name of Owner: Joseph DePaio, JR.
☐ 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: _____
Name of Secretary: _____
Name of Treasurer: _____
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: Joseph DePaio JR Date 7-10-12

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.

Joseph D. Mc
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

27 0219654
** 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: Somerville Bookworks

Address of taxpayer/applicant's business in Somerville: 42 DAN A ST

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

Taxpayer/applicant's phone: day: _____ evening: _____

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 _____ day of

_____, 20_____.
(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: _____

03154160 # 116058011 # 400 # _____
116068001

NOTES:

CLERK'S INITIALS: cl

ORIGINAL STAMP:



RECEIVED

5-16-12

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: Joseph Delano Sr.
Address: 967 Main St 42 Dana St
City: Somerville State: MA Zip: 02143 Phone #: 617 406-7941

- ☒ I am an employer with 0 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: [Signature] Date: 7-10-12
Print Name: _____

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 _____