

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

PAT'S AUTO BODY, INC.  
P.O. BOX 167  
SOMERVILLE MA 02143

LIC #: 2011-050  
B.O.A.# 179358

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_ Auto Body Work: X Parking or Storing Vehicles: \_\_\_  
Washing Vehicles: \_\_\_ Spray Painting: X 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 \$500.00 not  
later than April 30, 2011. 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: PAT'S AUTO BODY, INC. TEL: 617-628-7500  
Company Address: 00161 LINWOOD

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Gov't Partner  
Ship \_\_\_ Other \_\_\_  
Owner Name: PAT'S AUTO BODY, INC. TEL: 617-628-7500  
Owner Address: P.O. BOX 167

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 042762439

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 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-06:00 PM  
SATURDAY: 08:00 AM-12:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-050  
FEE: \$500.00

This is to certify: PAT'S AUTO BODY, INC.  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 02/14/1924

Garage situated at: 00161 LINWOOD  
Doing business as : PAT'S AUTO BODY, INC.  
Shall not exceed: 25 Vehicles Inside  
in addition the following restrictions apply:  
APPROVED WITH CONDITIONS #179357 9/27/2005

2011 APR 14 P 3:05  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Signature of Applicant

69 East Street  
Address

Melrose MA 02176  
City State Zip

\*\* Office Use Only \*\*

Mailed \_\_\_  
Taken ✓

Received: 4/14/11 - ms

\$500.00 ck # 10868  
City Clerk

MASSACHUSETTS DEPARTMENT OF REVENUE

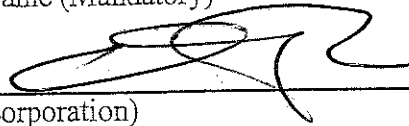
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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.

X Pato Auto Body, Inc

\* Signature of Individual or Corporate Name (Mandatory)

David Tauro X



By: Corporate Officer (Mandatory, if a corporation)

04-2762439

\*\* 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: Pat's Auto Body Inc
- Address of taxpayer/applicant's business in Somerville: 161 Linwood Street, Somerville
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: 617-628-7500 evening: 617-293-2010

I, 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 12<sup>th</sup> day of April, 2011. X [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>26663009</u>	# <u>145074001</u>	# <u>06120005</u>	# _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**received**  
**UBarras**

4-14-11



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: Pat's Auto Body, Inc  
 address: 161 Linwood Street  
 city: Somerville state: MA zip: 02143 phone #: 617-628-7500

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 15 employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: Pat's Auto Body Inc  
 address: 161 Linwood Street  
 city: Somerville MA 02143 phone #: 617-628-7500  
 insurance co.: Charter Insurance policy #: WC001-60-2151

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: [Signature] Date: 4/12/11  
 Print name: David Tauro Phone #: 617-293-2010

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license #: \_\_\_\_\_  
 check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

(revised Sept. 2003)