



CITY OF SOMERVILLE
 Commonwealth of Massachusetts
 93 Highland Avenue
 Somerville, MA 02143
 (617) 625-6600

2016 MAR 23 A 11: 12

Application to Renew Garage License

CITY CLERK'S OFFICE
 SOMERVILLE, MA

KRISCO CORP.
444 SOMERVILLE AVE
SOMERVILLE MA 02143

License #: BL15-000755
File #: 15-638
Fee: 605

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: MAACO AUTO PAINTING Business Location: 444 SOMERVILLE AVE Business Phone: 617-666-4882	None
License Holder: KRISCO CORP. 444 SOMERVILLE AVE SOMERVILLE MA 02143	None
Mailing Address: KRISCO CORP. 444 SOMERVILLE AVE SOMERVILLE MA 02143	None
Business Type: Corporation KRIS OGONOWSKY KRIS OGONOWSKY MARY OGONOWSKY	None
FID: 042971059	None
Emergency Contact: KRIS OGONOWSKY Phone: 617-666-4886	None
Proposed Hours of Operation if outside standard hours: MO-FR 7AM-7PM, SA 8AM-5PM # of Vehicles Kept Inside: 75 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? No Autobody work? Yes Spray Painting? Yes Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	None.

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Krisco Corp.

Address of taxpayer/applicant's business in Somerville: 444 Somerville Avenue

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

Taxpayer/applicant's phone: day: 617-666-4486 evening: —

I, (print name) Keith Cymanski, Pres Krisco Corp, 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 10th day of March, 20 16. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3-24-16 INCLUDES RELEVANT POSTINGS THROUGH: —

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: —

14052 # 242071001 # 1085 # ✓

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP: **received**
3-24-16

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: Krisco Corp
 Address: 444 Somerville Avenue
 City: Somerville State: MA Zip: 02143 Phone #: 617-666-4886

- I am an employer with 13 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 Auto Body

Workers' compensation insurance information (if applicable):

Insurance Company Name: vtica National
 Address: P.O. Box 6540
 City: vtica State: NY Zip: 1350A Phone #: 781-229-2600
 Policy #: 4218125 Expiration Date: 5/31/16

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: 3/10/16

Print Name: Kris Ogonawsky

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 _____