

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ALBERT G. RISKALLA, SR.
10 KINGSWOOD ROAD
WESTWOOD MA 02090

LIC #: 2012-059
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X 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: A B J FOREIGN AUTO SUPPLY, INC. TEL: 617-625-6632
Company Address: 00091 MARSHALL ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: X Trust: Agency Gov't Partner
Ship Other
Owner Name: ALBERT G. RISKALLA, SR. TEL: 1-781-329-0385
Owner Address: 10 KINGSWOOD ROAD

Owner City: WESTWOOD State: MA Zip: 02090
FID#: 042645130

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-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John P. Long
City Clerk

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

LICENSE # 2012-059
FEE: \$550.00

This is to certify: ALBERT G. RISKALLA, SR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 10/22/1981
Garage situated at: 00091 MARSHALL ST
Doing business as : A B J FOREIGN AUTO SUPPLY, INC.
Shall not exceed: 3 Vehicles Inside & 27 Vehicles Outside, not on public ways
in addition the following restrictions apply:

COMMERCIAL APPROVED AS AMENDED: CUSTOMERS CAN PICK UP VEHICLES UNTIL
7:00PM MONDAY-FRIDAY. WORKERS CAN'T WORK ON PERSONAL VEHICLES AFTER
HOURS.
NO PARKING ON PUBLIC WAYS
10/26/2006 BOA #182029 AMENDMENT ON SATURDAY HOURS.

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

Albert G. Riskalla
Signature of Applicant

91 MARSHALL ST
Address

SOMERVILLE MA 02145
City State Zip

** Office Use Only **
Mailed
Taken
Received:

City Clerk

IMPORTANT

#606
REF 724

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:	ABJ FOREIGN AUTO SUPPLY, INC
Somerville Address and Zip Code:	70 SUMMER ST, SOMERVILLE, MA 02145
Phone Number of the Business:	617-625-6632

The Legal Name of the License Holder:	ALBERT G RISKANA, SR
Street Address of the License Holder:	10 KINGSWOOD ROAD
City, State and Zip Code of the License Holder:	WESTWOOD, MA 02090
Phone Number of the License Holder:	781-329-0385
Email Address of the License Holder:	

Where We Should Send Mail: Name:	ABJ AUTO REPAIR
Street Address:	91 MARSHALL ST
City, State and Zip Code:	SOMERVILLE, MA 02145
Email:	
Phone Number:	617-625-6632

Federal ID # (Do Not Give a Social Security #):	042645130
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Emergency Contact and Phone (For Fire Dept. Use):	
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Type of Business (Check Only One and Give the Names Indicated):
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: ALBERT G RISKANA, SR
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:
<input type="checkbox"/> 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: Albert G Riskana Date _____

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 

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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: ALBERT G RISKAWA SR

Address of taxpayer/applicant's business in Somerville: 91 MARSHALL ST. SOMERVILLE, MA 0214

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

Taxpayer/applicant's phone: day: 017-625-6632 evening: _____

I, (print name) ALBERT G RISKAWA SR, 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____, Albert G Riskawa
(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: _____
18575189 # 142026011 # 778 # _____

NOTES: 9558

CLERK'S INITIALS: cl

ORIGINAL STAMP: RECEIVED
4-5-12



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: ALBERT G RICKAWA, SR

address: 91 MARSHALL ST

city: SOMERVILLE state: MA zip: 02145 phone # 617-625-6632

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 _____ employees (full & part time). Other _____

I am an employer providing workers' compensation for my employees working on this job.

company name: ABJ FOREIGN AUTO SUPPLY INC

address: 70 SUMMER ST

city: SOMERVILLE phone #: 617-625-6632

insurance co. MA RETAIL MERCHANTS WG INC policy # 01400100021112

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 Albert G Rickawa Date _____

Print name ALBERT G RICKAWA, SR Phone # 617-625-6632

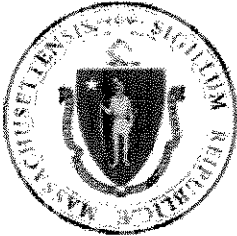
official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____

(revised Sept. 2003)



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

ABJ FOREIGN AUTO SUPPLY INC. Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: ABJ FOREIGN AUTO SUPPLY INC.

Entity Type: Domestic Profit Corporation

Identification Number: 042645130

Old Federal Employer Identification Number (Old FEIN): 000076827

Date of Organization in Massachusetts: 04/01/1978

Current Fiscal Month / Day: 12 / 31

Previous Fiscal Month / Day: 03 / 31

The location of its principal office:

No. and Street: 70 SUMMER ST.
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

Name and address of the Registered Agent:

Name: ALBERT G. RISKALLA SR.
No. and Street: 70 SUMMER
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	ALBERT G. RISKALLA SR.	10 KINGSWOOD RD WESTWOOD, MA 02090 USA	
TREASURER	ALBERT G. RISKALLA SR.	10 KINGWOOD RD., WESTWOOD, MA 02090 USA	
SECRETARY	ALBERT G. RISKALLA SR.	10 KINGWOOD RD., WESTWOOD, MA 02090 USA	
DIRECTOR	ALBERT G. RISKALLA SR.	10 KINGSWOOD RD WESTWOOD, MA 02089 USA	