

GARAGE LICENSE APPLICATION

2010 SEP 14 P 3:16

Application Fee \$500.00

Date 8/24/2010

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	CITY CLERK'S OFFICE SOMERVILLE, MA
Amount Paid	<u>\$500.00</u>

New Application

For the storage of 3 vehicles inside

Renewing Application with Additions or Changes

3 vehicles outside

Renewing Application with NO Additions or Changes

Business Name: Louis Frank Motorcars LLC Phone: 781-771-8722

Business DBA Name (if applicable): _____

Address with Zip Code: 99 Albion St Unit 1 Somerville, MA 02144

Tax Identification Number: 054-64-2312 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: M&A Hooker Realty Trust Phone: _____

Address with Zip Code: 99 Albion St Suite 6 Somerville, MA 02144

Emergency Contact 1: Ida Marinello Phone: 631-744-2936

Emergency Contact 2: Luigi Marinello Phone: 617 776-3888

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Louis F. Marinello JR

Address with Zip Code: 27 Porter St Somerville, MA 02145

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

- 1. Will you be open to the public at this location? Y N
- 2. Will you be doing mechanical repairs of vehicles at this location? Y N
- 3. Will you be doing autobody work on vehicles at this location? Y N
- 4. Will you be spray painting vehicles or parts at this location? Y N
- 5. Will you be washing vehicle at this location? Y N
- 6. Will you be charging money to park vehicles at this location? Y N
- 7. Will you be storing registered vehicles at this location? Y N
- 8. Will you be storing unregistered vehicles at this location? Y N
- 9. Will you be operating a tow vehicle at this location? Y N

Have you ever obtained a garage license before? Y N
 If yes, list year, city and state _____

Have you ever been denied a garage license? Y N
 If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N
 If yes, list year, city and state _____

Describe all of the premises to be used in the business: Sales of Used Cars

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 8/23/2010

Business Name: Louis Frank Motors Inc

Business Address: 99 Albion St Unit 1 Somerville, MA 02144

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 3 inside
~~None to Be Inspected~~ 3 outside

Signature: [Signature] Date: Aug 31, 2010

Print Name: Ednie Nuzzo Title: Superintendent

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

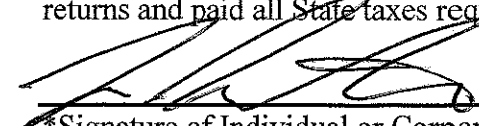
- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 8/31/10

Print Name: LT. Vincent P. McLaughlin Title: LT

**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.



*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: Louis Frank Motorcars Inc

Address of taxpayer/applicant's business in Somerville: 99 Albion St Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: 27 Porter St Somerville, MA 02143

Taxpayer/applicant's phone: day: 781-771-8722 evening: 781-771-8722

I, (print name) Louis Manallo, 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 24 day of August, 20 10. [Signature]
(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: _____
06234003 # 22806801 # No Acct # _____

NOTES: 22806801

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
8-24-10

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Louis Frank Motorcars IIc
Address: 99 Albion St Unit 1
City: Somerville State: MA Zip: 02144 Phone #: 781-771-8722

- I am an employer with _____ employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. 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: 9/14/2010
Print Name: Louis Marinello

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 _____

(revised Jan. 2008)

ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner: Louis Marinello
Address: 99 Albion St Unit 1
Somerville, MA 02144


Date: 9/14/2010

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the Aldermanic Chambers or Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date: _____, at _____ PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: 3 car Garage License

Sincerely,



Petitioner's Signature