

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

WILLIAM A. PANZINO, JR.
20 BROADMEADOW LANE
ABINGTON MA 02351

LIC #: 2010-088
B.O.A.#

*** 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, 2010. 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: FRED M. SUSAN & SONS AUTO REPAIR TEL: 617-776-1570
Company Address: 00267 -00269 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: X Co: ___ Corp: ___ Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner

Owner Name: WILLIAM A. PANZINO, JR.

TEL: _____

Owner Address: 20 BROADMEADOW LANEOwner City: ABINGTON State: MA Zip: 02351FID#: 043179723

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 04/30/2010, 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 #: 2010-088

FEE: \$500.00

This is to certify: WILLIAM A. PANZINO, JR.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/11/1926

Garage situated at: 00267 -00269 SOMERVILLE AVDoing business as : FRED M. SUSAN & SONS AUTO REPAIR

Shall not exceed: 12 Vehicles Inside

in addition the following restrictions apply:

CITY CLERK'S OFFICE
SOMERVILLE, MA

200 MAY -4 A 9 38

This renewal certificate must be signed by the holder of the license.

Check One: Owner ✓ Occupant _____ Holder _____

Signature of Applicant

20 BROADMEADOW LANE

Address

ABINGTON

City

MA

State

02351

Zip

** Office Use Only **

Mailed _____

Taken ✓Received: 500.005/4/10

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.

FMS AUTOBODY INC.
* Signature of Individual or Corporate Name (Mandatory)

William A. Ponzio
By: Corporate Officer (Mandatory, if a corporation)

04-3179723
** 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.

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: FMS AUTOBODY INC / DBA FRED MSUSAN AUTOBODY
Address: 269 SOMERVILLE AVE
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-776-1570

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: SEE ATTACHED
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: William A Panzino Jr Date: 5/4/10
Print Name: WILLIAM A PANZINO JR

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 _____



Policy Information Page

[1] Named Insured and Mailing Address

FMS Auto Body, Inc.
268 Somerville Avenue
Somerville, MA 02143

Agency

CLUETT COMMERCIAL INS AGY
8 PEMBROKE ST
Kingston, MA 02364
Agency Code: MACCIA10

Federal Employer's ID 04-3179723
Risk ID Number 000061364

Insured is Corporation

[2] Policy Period

From April 15, 2010 to April 15, 2011, 12:01 AM, standard time at the insured's mailing address.

[3] Coverage

- A. Workers' Compensation Insurance - **Part One** of this policy applies to the Workers' Compensation Law of the following states: Massachusetts
- B. Employer's Liability Insurance - **Part Two** of this policy applies to work in each of the states listed in item [3]A. The limits of our liability under Part Two are:
- | | |
|---|-----------|
| Bodily Injury by Accident - each accident | \$100,000 |
| Bodily Injury by Disease - each employee | \$100,000 |
| Bodily Injury by Disease - policy limit | \$500,000 |
- C. Other States Insurance - Part Three of this policy applies to all states, except any state listed in item [3]A. and the states of North Dakota, Ohio, Washington, and Wyoming.
- D. This policy includes these endorsements and schedules:
See Extension of Information Page - Schedule of Forms

[4] Premium

The Premium Basis and, therefore, the premium will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All required information is subject to verification and change by audit. (Continued on another page)

Total Estimated Policy Premium	\$	2,391
Total Surcharges/Assessments	\$	157
Total Estimated Cost	\$	2,548

INTERNAL USE TK
MGA : FMWC111176
Date : 04/05/2010
MANOTE

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Information Page
WC 000001A



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: FRED M SUSAN AUTOBODY
2. Address of taxpayer/applicant's business in Somerville: 269 SOMERVILLE AVE
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-776-1570 evening: 781-871-6086

I, WILLIAM A PANZINO JR, 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 4TH day of MAY, 2010. William A Panzino Jr
(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: _____

19656026 # 120031011 # 30050431 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: **received**
LBarron
5-4-10