

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

SALVATORE LENA
75 WASHINGTON STREET
SOMERVILLE MA 02143

LIC #: 2010-104
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X 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 \$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: ALEX AUTO BODY, INC. TEL: 617-776-2429
Company Address: 00075 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: X Trust: Agency: Gov't Ship: Partner Other:
Owner Name: SALVATORE LENA TEL: 617-640-8654
Owner Address: 75 WASHINGTON STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 042815962

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 #: 2010-104
FEE: \$500.00

This is to certify: SALVATORE LENA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 08/27/1981

Garage situated at: 00075 WASHINGTON ST
Doing business as : ALEX AUTO BODY, INC.

Shall not exceed: 5 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

6/8/2005 Per Lt. V. McLaughlin memo there is no spray booth. Therefore
no spray painting is allowed at 75 Washington Street. Spray booth
permission being removed from the license #104.

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

Check One: Owner Occupant Holder

[Signature]
Signature of Applicant

75 Washington St
Address

Somerville, MA 02143
City State Zip

** Office Use Only **
Mailed \$
Taken \$ 500

Received: [Signature]

City Clerk


CITY CLERK'S OFFICE
2010 APR 16 A 11:55

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.

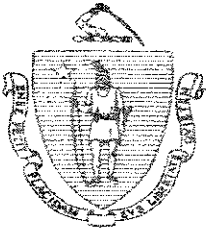
Alex Auto Body Inc.
* Signature of Individual or Corporate Name (Mandatory)

 (PRES.)
By: Corporate Officer (Mandatory, if a corporation)

042815962
** 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, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Alex Auto Body INC.

address: 75 Washington St

city: Somerville state: MA zip: 02143 phone #: 617-776-2429

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 3 employees (full & part time). Other AUTO REPAIR

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

company name: Nicholas A. Consales INS. Agency INC.

address: 153 Andover St

city: Danvers phone #: 978-223-4037

insurance co. policy #

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 4-15-10

Print name Salvatore Lena Phone # 617-776-2429

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 #: _____

(revised Sept. 2003)

Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____


NICHOLAS A. CONSOLES INSURANCE AGENCY, INC.

153 ANDOVER STREET SUITE 208
DANVERS, MA 01923
PHONE: 978-223-4037
FAX: 978-223-4038
www.consolesinsurance.com

February 24, 2010

Alex Auto Body, Inc.
75 Washington Street
Somerville MA 02143

Dear Mr. Lena:

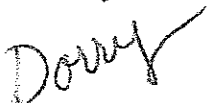
I am pleased to enclose your copy of the following policy:

Policy Type:	Workers Compensation
Policy Number:	VWC6008149012010
Effective Dates:	03/25/2010 - 03/25/2011
Annual Premium:	\$1,229.00

Please post the "Notice To Employees" which is also enclosed.

Please review your policy and do not hesitate to contact me if you should have any questions.

Sincerely,



Dorry King
Commercial Lines Representative



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: Somerville 75 Washington St. LLC
- Address of taxpayer/applicant's business in Somerville: 75 Washington St
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617-776-2409 evening: 617-640-8654

I, _____, 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 8th day of April, 2010.
[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: _____

0206185
 # 109105001
 # 04810002
 # _____

NOTES:

CLERK'S INITIALS: L

ORIGINAL STAMP:

received
A 4-16-10