



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

CARLO BARLETTA
15 NIXON LANE
STONEHAM, MA 02180

License #: 913
Fee: 550.00
Account ID: 639
Reference #: 913

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: For UNLIMITED AUTO BODY INC Business Location: 471 SOMERVILLE AVE Business Phone: 617-623-8650	
License Holder: UNLIMITED AUTO BODY, INC. 471 SOMERVILLE AVE SOMERVILLE, MA 02143 617-623-8650	
Mailing Address: CARLO BARLETTA STONEHAM, MA 02180	
Business Type: CORPORATION (INC. LLC) PRESIDENT - CARLO BARLETTA SECRETARY - PIERO IANNETTA	
FID: 042757489	
Food Manager/Emergency Contact: CARLO BARLETTA 781-799-8604	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-8PM, SA 8AM-5PM**

10 VEHICLES
10 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

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.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Carlo Barletta* Date: DECEMBER 6, 2012
Print Name: CARLO BARLETTA Phone: 617-623-8650

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: UNLIMITED AUTO BODY, INC.
Somerville Address and Zip Code: 471 SOMERVILLE AVE. SOMERVILLE, MA 02143
Phone Number of the Business: 617-623-8650

The Legal Name of the License Holder: CARLO BARLETTA
Street Address of the License Holder: 15 NIXON LN.
City, State and Zip Code of the License Holder: STONEHAM, MA 02180
Phone Number of the License Holder: 781-438-3651


Where We Should Send Mail: Name: CARLO BARLETTA
Street Address: P.O. BOX 80525
City, State and Zip Code: STONEHAM, MA 02180

Federal ID # (Do Not Give a Social Security #): 042757489

Emergency Contact and his/her Phone Number: CARLO BARLETTA 781-438-3651

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
 Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
 Corporation: Name of Corporation: UNLIMITED AUTO BODY, INC.
Name of President: CARLO BARLETTA
Name of Secretary: PIERO IANNETTA Name of Treasurer: PIERO IANNETTA
 LLC: Name of LLC: _____
Names of All Managers: _____
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date DECEMBER 6, 2012

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The **NGM Insurance Company**, hereinafter called the Company, hereby continues in force its **MA Used Car Dealer** Bond Number **S-244423**

in the sum of **Twenty-Five Thousand dollars (\$25,000.00)**

on behalf of

Unlimited Auto Body Inc.

located at

471 Somerville Avenue
Somerville, MA 02143

in favor of **City of Somerville, MA**

for the term beginning **December 31st, 2012** and ending on **December 31st, 2013**, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, November 16, 2012

NGM Insurance Company

By: 

Katie E. Ford

Attorney-in-Fact

A. A. Dority Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: UNLIMITED AUTO BODY, INC.

Address of taxpayer/applicant's business in Somerville: 471 SOMERVILLE AVE. SOMERVILLE, MA
02143

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

Taxpayer/applicant's phone: day: 617-623-8650 evening: _____

I, (print name) CARLO BARLETTA, 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 6th day of
DECEMBER, 2012. *[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: _____

0203 5167 # 248087 001 # 0689 0022 # _____
13738 1144

NOTES:

CLERK'S INITIALS: *UB*

ORIGINAL STAMP:

RECEIVED
UBaraw
12-7-12

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: CARLO BARLETTA
Address: 15 NIXON LN
City: STONEHAM, State: MA Zip: 02180 Phone #: 617-623-8650

I am an employer with 2 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 REPAIRS

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: EXEMPT - SEE FORM ATTACHED
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: DECEMBER 6, 2012
Print Name: CARLO BARLETTA (PRESIDENT)

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 _____

FORM 153



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations - Dept. 153
600 Washington Street - 7th Floor, Boston, Massachusetts 02111
http://www.mass.gov/dia

APPROVED
DIA Use Only
MAY 12 2010
INVESTIGATION
DEPT. OF INDUSTRIAL ACCIDENTS

AFFIDAVIT OF EXEMPTION FOR CERTAIN CORPORATE OFFICERS OR DIRECTORS

Chapter 169 of the Acts of 2002 amended M.G.L. c. 152, §1(4) by adding the following paragraph:

"This chapter shall be elective for an officer or director of a corporation who owns at least 25 percent of the issued and outstanding stock of the corporation. Notwithstanding section 46, these provisions shall apply only if the corporate officer provides the commissioner of industrial accidents with a written waiver of his rights under this chapter. Said commissioner shall promulgate regulations to carry out the purpose of this paragraph. Violations of this paragraph shall subject the corporation to the penalties set forth in section 25C."

Pursuant to M.G.L. c. 152, §1(4) as amended, I/We the undersigned officers of:

UNLIMITED AUTO BODY INC. 471 SOUVERVILLE AV. SOUVERVILLE MA 02143
(Name of Corporation and Address)

each holding at least 25% of the issued and outstanding stock in said corporation, do hereby invoke the right to be exempt from the provisions of M.G.L. c. 152, §25A and therefore are not required to carry a workers' compensation policy covering the undersigned corporate officer(s) or director(s). I/We the undersigned do also waive any and all rights to make claims for benefits as defined in M.G.L. c. 152 for any injuries that may be sustained while in the employ of the above-named corporation.

Further, I/we the undersigned do understand that, should the above-named corporation hire or have in its employ any employee(s) in addition to the undersigned corporate officer(s) or director(s), said corporation is required to obtain workers' compensation coverage for the employee(s) as prescribed by M.G.L. c. 152, §25A.

I/We the undersigned have read and understand the statements and obligations as delineated above and I/we have checked the appropriate box below my/our name(s) indicating my/our desire to be exempt or not to be exempt from the provisions of M.G.L. c. 152.

Signed under the pains and penalties of perjury:

[Signature] CARLO BARLETTA PRES. 5-1-10
Signature Print Name & Title Date (mm/dd/yyyy)

I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption

[Signature] PIERO IANNETTA 5-1-10
Signature Print Name & Title Date (mm/dd/yyyy)

I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption

Signature Print Name & Title Date (mm/dd/yyyy)

I wish to exercise my right of exemption or I wish NOT to exercise my right of exemption

Signature Print Name & Title Date (mm/dd/yyyy)

Note: ALL ELIGIBLE CORPORATE OFFICERS MUST SIGN. THERE CAN BE NO MORE THAN 4 SIGNATURES. Instructions on back.
Form 153 - 10-23-02

2010 MAY 11 P 15
DIA - INVESTIGATION

RECEIVED