

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

CARLO BARLETTA  
15 NIXON LANE  
STONEHAM

MA 02180

LIC #: 2010-094  
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: UNLIMITED AUTO BODY, INC. TEL: 617-623-8650  
Company Address: 00471 SOMERVILLE AVE.City: SOMERVILLE State: MA Zip: 02143Check One: \_\_\_\_\_ Gov't \_\_\_\_\_ Partner  
Individual: \_\_\_\_\_ Co: \_\_\_\_\_ Corp: X Trust: \_\_\_\_\_ Agency \_\_\_\_\_ Ship \_\_\_\_\_ Other \_\_\_\_\_Owner Name: CARLO BARLETTA TEL: 781-438-3651Owner Address: 15 NIXON LANEOwner City: STONEHAM State: MA Zip: 02180FID#: 042757489This 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 #: 2010-094

FEE: \$500.00

This is to certify: CARLO BARLETTA  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 07/11/1974

Garage situated at: 00471 SOMERVILLE AV

Doing business as : UNLIMITED AUTO BODY, INC.

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

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

Check One: \_\_\_\_\_ Owner \_\_\_\_\_ Occupant \_\_\_\_\_ Holder \_\_\_\_\_

Signature of Applicant

15 NIXON LN.

Address

STONEHAM, MA. 02180

City State Zip

\*\* Office Use Only \*\*

Mailed \_\_\_\_\_

Taken \_\_\_\_\_

Received: \_\_\_\_\_

City Clerk

2010 APR 29 A 9:13  
CITY CLERK'S OFFICE  
MA

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.

UNLIMITED AUTO BODY, INC.

\* Signature of Individual or Corporate Name (Mandatory)

CARLO BARLETTA

By: Corporate Officer (Mandatory, if a corporation)

04-2757489

\*\* 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, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: CARLO BARLETTA  
address: 15 NIXON LN-  
city: STONEHAM, state: MA. zip: 02180 phone # 781-438-3651

work site location (full address): 471 SOMERVILLE AVE. SOMERVILLE, MA. 02143

☐ 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 BODY REPAIRS

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

company name: UNLIMITED AUTO BODY, INC.

address: 471 SOMERVILLE AVE.

city: SOMERVILLE, phone #: 617-623-8650

insurance co. TRAVELERS policy # 241H 4660 UB

☐ 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.

X Signature [Signature] Date April 16, 2010  
Print name CARLO BARLETTA Phone # 617-623-8650

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

city or town: permit/license # ☐ Building Department

☐ check if immediate response is required

- ☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other

contact person: phone #: (revised Sept. 2003)



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: UNLIMITED AUTO BODY, INC.
2. Address of taxpayer/applicant's business in Somerville: 471 SOMERVILLE AVE. SOMERVILLE, MA 0214
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-623-8650 evening: 781-438-3651

I, 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 16th day of April, 20 10. Carlo Barletta  
(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: \_\_\_\_\_

# 02035167 # 248087001 # 0689 0022 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**received**  
**UBarraes**

4-28-10