

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

CARLO BARLETTA
 15 NIXON LANE
 STONEHAM

MA 02180

LIC #: 2011-094
 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, 2011. 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: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
 Gov't Partner
 Owner Name: CARLO BARLETTA TEL: 781-438-3651
 Owner Address: 15 NIXON LANE

Owner City: STONEHAM State: MA Zip: 02180
 FID#: 042757489

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 04/30/2011, 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 #: 2011-094
 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

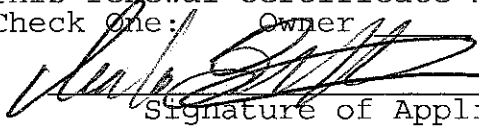
Garage situated at: 00471 SOMERVILLE AVE.

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:

2011 APR 12 P 2:29
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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: 4/12/11 - ms
\$500.00 ck# 2692
 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.

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.



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: UNLIMITED AUTO BODY, INC.

Address of taxpayer/applicant's business in Somerville: 471 SOMERVILLE AVE. SOMERVILLE, MA 0214

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

Taxpayer/applicant's phone: day: 617-623-8650 evening: 781-438-3651

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 12th day of April, 20 11. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

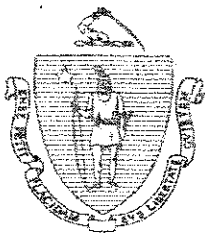
Real Estate Water/Sewer Personal Property Other: _____
02035167 # 248087001 # 06890022 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
4-12-11



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: CARLO BARLETTA
 address: 15 NIXON LN. 617-623-8650 WORK
 city: STONEHAM, state: MA. zip: 02180 phone # 781-438-3651 HOME

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 2 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: EXEMPT - SEE FORM ATTACHED
 city: _____ phone #: _____
 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 year's 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: APRIL 12, 2011
 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
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

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

Print Form

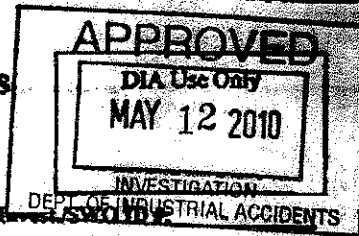
FORM 153

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



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 25G."

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

UNLIMITED AUTO BODY INC. 971 SOMERVILLE AV. SOMERVILLE 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. 5-1-010
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 5-1-010
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)

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

Note: ALL ELIGIBLE CORPORATE OFFICERS MUST SIGN. THERE CAN BE NO MORE THAN 4 SIGNATURES. Instructions on back.

RECEIVED
2010 MAY 11 P 2:16
DIA INVESTIGATION