



**CITY OF SOMERVILLE**  
 Commonwealth of Massachusetts  
 93 Highland Avenue  
 Somerville, MA 02143  
 (617) 625-6600

**PAST DUE**

2015 NOV 25 A 10:18

**Application to Renew Garage License**

**DAVID GENNARO**  
**91 WASHINGTON STREET**  
**SOMERVILLE MA 02143**

**License #:** BL15-000770  
**File #:** 15-653  
**Fee:** 550

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)
<b>Business/DBA Name:</b> DAVID GENNARO <b>Business Location:</b> 91 WASHINGTON ST <b>Business Phone:</b> 617-625-6060	<i>M. Korson and Co.</i>
<b>License Holder:</b> DAVID GENNARO 91 WASHINGTON STREET SOMERVILLE MA 02143	
<b>Mailing Address:</b> DAVID GENNARO 91 WASHINGTON STREET SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation DAVID GENNARO THOMAS GENNARO THOMAS GENNARO	
<b>FID:</b> 042576260	
<b>Emergency Contact:</b> DAVID GENNARO <b>Phone:</b> 617-872-0782	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 1 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	

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: DAVE GENWANO Date: 11/6/15

Printed Name: DAVE GENWANO Phone: 617 6256060



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: M. Korson + Co., Inc.

Address of taxpayer/applicant's business in Somerville: 91 Washington St. Somerville MA 02143

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

Taxpayer/applicant's phone: day: 917-625-6000 evening: Same

I, (print name) David L. Gennaro, 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 10 day of November, 2015. David L. Gennaro  
(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: \_\_\_\_\_

#15911      #109108001      #1232      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UPG

**ORIGINAL STAMP:**

UPG  
11-25-15

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: \_\_\_\_\_

Address: 91 Washington St.

City: Somerville State: MA Zip: 01810 Phone #: 617-625-6060

- I am an employer with 15 employees (full and/or part time). Business Type:  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Transportation.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Amity Ins Agency, Inc

Address: 500 Victory Rd.

City: No Quincy State: MA Zip: 02171 Phone #: 617-471-1220

Policy #: 31749? 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: David L. Gennaro Date: 11-10-15

Print Name: David L. Gennaro

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 \_\_\_\_\_



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 ( A)

MAY 21 2015

POLICY NUMBER: (6S62UB-4594P49-8-15)

RENEWAL OF (6S62UB-4594P49-8-14)

INSURER: ACE AMERICAN INSURANCE COMPANY

NCCI CO CODE: 12165

1.

INSURED:

M KORSON & COMPANY INC
91 WASHINGTON STREET
SOMERVILLE MA 02143

PRODUCER:

AMITY INS AGCY INC
500 VICTORY ROAD
QUINCY MA 02171-3139

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 06-11-15 to 06-11-16 12:01 A.M. at the insured's mailing address.

3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 500000 Each Accident
Bodily Injury by Disease: \$ 500000 Policy Limit
Bodily Injury by Disease: \$ 500000 Each Employee

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06B

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.



DATE OF ISSUE: 05-14-15 WC
OFFICE: ORLANDO DA ACE 24M
PRODUCER: AMITY INS AGCY INC

ST ASSIGN: MA

77XYG