

GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$605.00

Date 3/3/16

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

2016 MAR -9 P 3:37
CITY CLERK'S OFFICE
SOMERVILLE, MA

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

For the storage of 8 vehicles inside

0 vehicles outside

Business (DBA) Name: BBC Auto Repair Phone: (617) 629-0058

Business Location in Somerville (include Zip Code): 42 Joy st. Somerville, MA, 02144

Applicant's Federal Employer Identification Number: 264-737-682

Applicant's Legal Name: Edmilson A. Valentino

Mailing Name (who we should send correspondence to): Edmilson A. Valentino

Mailing Address (with Zip Code): 30 Pleasant st. Wakefield, MA, 01880

Emergency Contact: 781-632-2484 Phone: 781-953-0302

Type of Business (Check Only One and Provide the Names Indicated):

☒ **Sole Proprietor:** Name of Owner: Edmilson A. Valentino

☐ **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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: _____

- | | | |
|----|--|--|
| 1. | Will you be open to the public at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 2. | Will you be doing mechanical repairs of vehicles at this location? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| 3. | Will you be doing autobody work on vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 4. | Will you be spray painting vehicles or parts at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 5. | Will you be washing vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 6. | Will you be charging money to park vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 7. | Will you be storing unregistered vehicles at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |
| 8. | Will you be operating a tow vehicle at this location? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |

Have you ever obtained a garage license before? Y ☒ N ☐

If yes, list year, city and state 2010 to 2016, Somerville, MA

Have you ever been denied a garage license? Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y ☐ N ☒

If yes, list year, city and state _____

I request permission to store 8 vehicles inside the building, and 0 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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.

Business Address: 42 Joy st, Somerville, MA, 02144

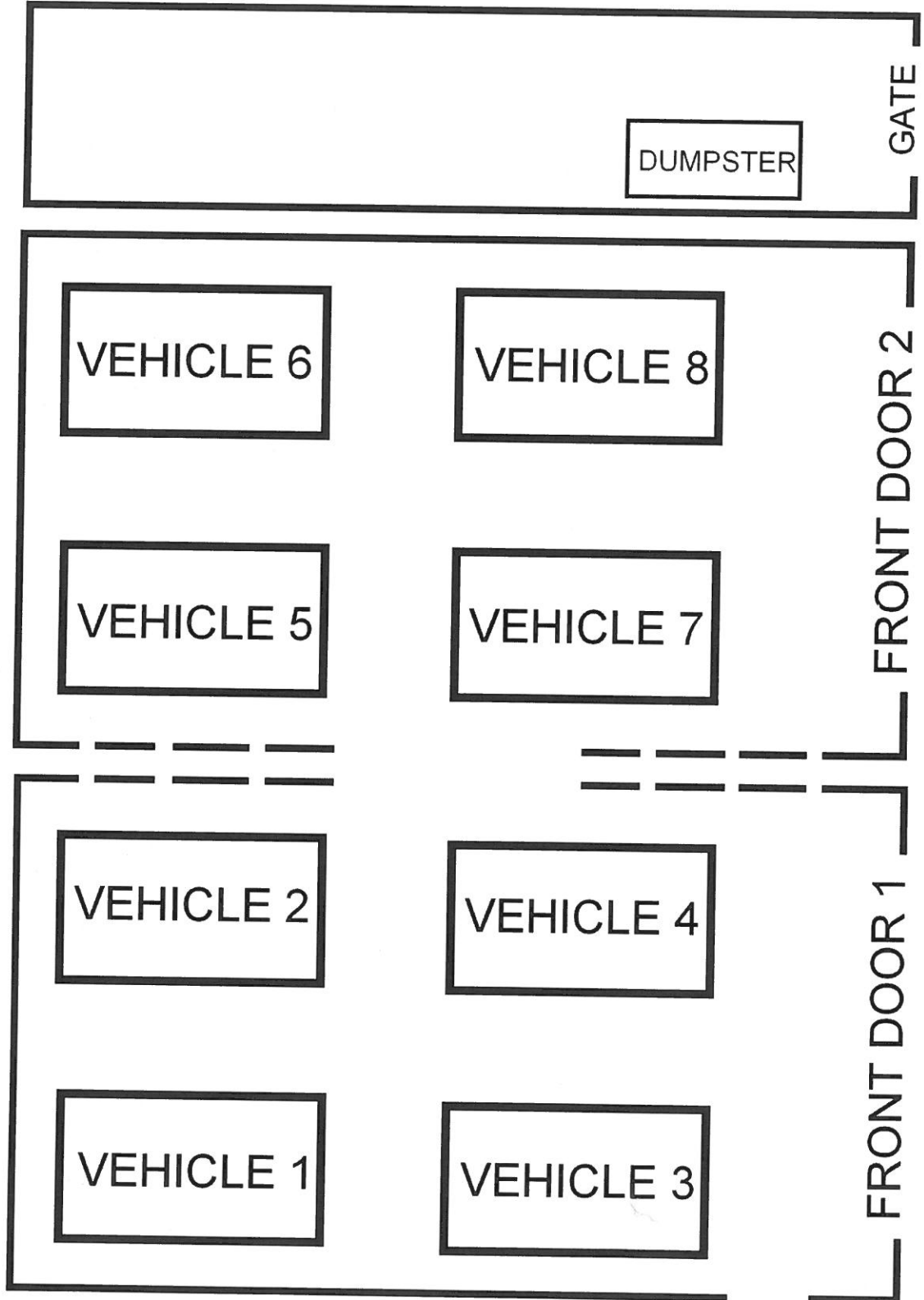
☒ The use is permitted as of right
☐ The use requires a special permit
☐ The use is prohibited

Maximum number of motor vehicles to be kept on the premises: 5 inside
outside

Signature: Paul J. Mann Date: 3-9-16
Print Name: Paul J Mann Title: SR LBT

_____ A 148 sec. 13 License is required
A 148 sec. 13 License is NOT required

Signature: Cap. B. O'Donovan Date: 3.9.16
Print Name: Brian O'Donovan Title: Cap. SFD





City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BBC Auto Repair

Address of taxpayer/applicant's business in Somerville: 42 Joy st, Somerville, MA, 02144

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

Taxpayer/applicant's phone: day: 781-953.0302 evening: 781-953.0302

I, (print name) Edmilson A. Valentino, 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 _____ day of

_____, 20____.

(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: _____

14067

249029001

1092

✓

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP: _____



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: BBC Auto Repair
Address: 42 Joy st
City: Somerville State: MA Zip: 02144 Phone #: (617) 629-0058

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Insurance Corporation
Address: P. O. BOX 9090
City: Dover State: NH Zip: 03821 Phone #: 800-653-7893
Policy #: WC5-315-375916-025 Expiration Date: 2/11/17

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: Edmilson A. Valentino Date: 3-3-16
Print Name: Edmilson A. Valentino

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____



CITY OF SOMERVILLE

Certificate of Use and/or Occupancy Building Inspection Department

This certificate is issued in accordance with the provisions of Section 120.0 of the State Building Code.

ZONE 1A WARD 2 MAP 94 BLOCK A LOT 5

DATE OF ISSUE JANUARY 22, 2005

Address: 40-42 JOY STREET Owner: JOHN SACCO

Building Permit No.: CO-04-25 Dated: 1/22/04 Type of Construction: 2B

Fire Grading: 2 HOURS Maximum Load Capacity: 100 P.S.F.

Maximum Occupancy Load Capacity: 100 GROSS SQUARE FEET PER OCCUPANT

Use: REPAIR GARAGE Use Group: B

Special Conditions: _____

This certificate of use and occupancy certifies that the work has been completed in accordance with the provisions of the applicable codes for which a permit is required on the date of its issuance and that the building or structure may be used in its several parts as stipulated.

Thomas J. Linnestall
Inspector



[Signature]
Building Official



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

Garage

JIM'S HEAVY DUTY SERVICE
42 JOY ST
SOMERVILLE MA 02143

Docket #: 199331
File #: 15-532
License #: BL15-000646
License Expires: 04/30/2016

This is to certify that **JIM'S HEAVY DUTY SERVICE, dba JIM'S HEAVY DUTY SERVICE**, has been granted a /an **Garage** license in the City of Somerville, ONLY at the following address: 42 JOY ST .

This license is issued subject to the provisions of the General Laws of the Commonwealth, all ordinances of the City, and all regulations or conditions of the BOARD OF ALDERMEN, including but not limited to any specific conditions listed below.

License Information:

Proposed Hours of Operation: MO-FR 8AM-6PM, SA 8AM-12PM

of Vehicles Kept Inside: 7

of Vehicles Kept Outside: 0

Open to the public? Yes

Mechanical repairs? Yes

Autobody work? No

Spray Painting? No

Washing vehicles? No

Charging money to store vehicles? No

Storing unregistered vehicles? No

Maintaining or operating a tow vehicle at this location? No

Attest for the BOARD OF ALDERMEN:

This license is NOT Transferable, and no changes may be made to this license without the approval of the BOARD OF ALDERMEN.

This license must be posted in a conspicuous place on the premises.