

GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$550.00

Date 10/23/14

2014 OCT 23 A 10:34 FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>CITY CLERK'S OFFICE</u>
Amount Paid	<u>SOMERVILLE, MA</u>

☒ New Application

For the storage of vehicles inside

☐ Renewing Application with Additions or Changes

☐ vehicles outside

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: ABJ AUTO REPAIR Phone: 617-625-6632

Business Address (in Somerville): 91 MARSHALL ST SOMERVILLE, MA 02145

Applicant's Federal Employer Identification Number: 042645130

Applicant's Legal Name: ABJ FOREIGN AUTO SUPPLY INC.

Mailing Name (who we should send correspondence to): ABJ AUTO REPAIR

Mailing Address (with Zip Code): 91 MARSHALL ST SOMERVILLE, MA

Emergency Contact: 617-365-2706 / MIMI O'SHEA Phone:

494 HARTFORD ST.
WESTWOOD, MA 02090

Type of Business (Check Only One and Provide 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: ABJ FOREIGN AUTO SUPPLY INC.

Name of President: MIMI O'SHEA

Name of Secretary: MIMI O'SHEA Name of Treasurer: MIMI O'SHEA

☐ **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: ABJ AUTO REPAIR

1. Will you be open to the public at this location? Y ☒ N ☐
2. Will you be doing mechanical repairs of vehicles at this location? Y ☒ N ☐
3. Will you be doing autobody work on vehicles at this location? Y ☐ N ☒
4. Will you be spray painting vehicles or parts at this location? Y ☐ N ☒
5. Will you be washing vehicles at this location? Y ☐ N ☒
6. Will you be charging money to park vehicles at this location? Y ☐ N ☒
7. Will you be storing registered vehicles at this location? ONLY IF IN FOR REPAIRS Y ☐ N ☒
8. Will you be storing unregistered vehicles at this location? ONLY IF IN FOR REPAIRS Y ☐ N ☒
9. Will you be operating a tow vehicle at this location? Y ☐ N ☒

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

If yes, list year, city and state SOMERVILLE, MA 02145

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 3 vehicles inside the building, and 27 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:

MONDAY - FRIDAY: 8AM - 7 PM

SAT: 8 AM - 3 PM

ACKNOWLEDGEMENT

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.

Signature of Applicant: Min Date 10/23/14

Business Name: ABJ AUTO REPAIR

Business Address: 91 MARSHALL ST SOMERVILLE, MA 02143

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

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

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

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

Signature: _____ Date: _____

Print Name: _____ Title: _____

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- ☐ A 148 sec. 13 License is required
☐ A 148 sec. 13 License is NOT required

Signature: _____ Date: _____

Print Name: _____ Title: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ABJ FOREIGN AUTO SUPPLY ~~AND~~ ABJ AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 91 MARSHALL ST SOMERVILLE, MA 02145

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

Taxpayer/applicant's phone: day: 617-625-6632 evening: 617-365-2706

I, (print name) MIMI V. O'SHEA, 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 23 day of OCTOBER, 20 14. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

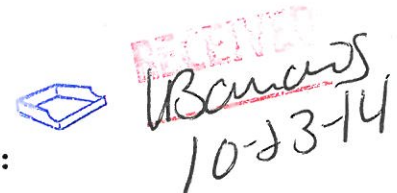
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
9800 # 142026001 # 742 # _____

NOTES:

CLERK'S INITIALS: URB

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: _____

Address: 91 MARSHALL ST

City: SOMERVILLE State: MA Zip: 02145 Phone #: _____

- ☒ I am an employer with 12 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 REPAIR SERVICES

Workers' compensation insurance information (if applicable):

Insurance Company Name: COVERISK SERVICES LLC

Address: P.O. Box 859222-9222

City: BRAINTREE State: MA Zip: 02186 Phone #: 800-790-8877

Policy #: 014 001 000 201 114 Expiration Date: 1/1/2015

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: _____ Date: _____

Print Name: _____

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 _____