

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

MICHAEL L. PEDERSON  
14 HICKORY HILL ROAD  
WAKEFIELD MA 01880

LIC #: 2012-228  
B.O.A.# 177023

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ Auto Body Work: ☐ Parking or Storing Vehicles: ☐Washing Vehicles: ☐ Spray Painting: ☐ 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 \$550.00 not  
later than April 30, 2012. 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: MIKE'S AUTOMOTIVE SERVICES, INC. TEL: 617-623-1009Company Address: 00298 SOMERVILLE AVCity: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency: ☐ Gov't ☐ Partner ☐ Ship ☐ Other ☐Owner Name: MICHAEL L. PEDERSONTEL: 781-246-3753Owner Address: 14 HICKORY HILL ROADOwner City: WAKEFIELD State: MA Zip: 01880FID#: 043256775

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 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERATIONS \*\*\*\*\*

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 #: 2012-228  
FEE: \$550.00

This is to certify: MICHAEL L. PEDERSON  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 09/14/2004

Garage situated at: 00298 SOMERVILLE AV

Doing business as : MIKE'S AUTOMOTIVE SERVICES, INC.

Shall not exceed: 10 Vehicles Inside & 10 Vehicles Outside, not on public ways  
in addition the following restrictions apply:

HOURS OF OPERATION: MONDAY-FRIDAY 8:00AM-6:00PM, SAT. 8:00AM-3:00PM,  
SUNDAY NO BUSINESS. SPRAY PAINT, AUTO BODY NOT ALLOWED. NO WASHING OF  
VEHICLES OUTSIDE THE LICENSED PREMISES. NO TOWING AT NIGHT. FORMERLY OF  
297 MEDFORD ST., SINCE 1990

AMENDED BOA #183622, 06/14/2007 NUMBER OF VEHICLES INSIDE AND OUTSIDE.

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

Check One: Owner ☒ Occupant ☐ Holder ☐

Signature of Applicant

Address

City

State

Zip

\*\* Office Use Only \*\*

Mailed ☐Taken ☐

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

City Clerk

## IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: MIKE'S AUTO SERVICE INC.  
Somerville Address and Zip Code: 1 UNION SQ  
Phone Number of the Business: 617 623-1009

The Legal Name of the License Holder: MICHAEL PEDERSEN  
Street Address of the License Holder: 14 HICKORY HILL RD  
City, State and Zip Code of the License Holder: WAKEFIELD, MA 01880  
Phone Number of the License Holder: 781 246-3753  
Email Address of the License Holder: MIKE@MIKESAUTO.COM

Where We Should Send Mail: Name: SAME  
Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Federal ID # (Do Not Give a Social Security #): 043 256 725

Emergency Contact and Phone (For Fire Dept. Use): \_\_\_\_\_

Type of Business (Check Only One and Give the Names Indicated):  
☐ Sole Proprietor: Name of Owner: \_\_\_\_\_  
☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
☐ Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
☒ Corporation (inc. LLC): Name of President: MICHAEL PEDERSEN SR  
Name of Secretary: SAMP  
Name of Treasurer: SAME  
☐ Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** 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 Somerville Board of Aldermen.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Michael Pedersen Sr. Date 1-15-13





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: MIKE'S AUTO SERVICE INC

Address of taxpayer/applicant's business in Somerville: 1 UNION SQ

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 623-1009 evening: 781 246-3753

I, (print name) MICHAEL PEDERSEN, 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 15 day of

JANUARY, 20 13. Nicholas Pedersen  
(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: \_\_\_\_\_

# 13653 # 12307001 # 1223 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED  
UBowen  
1-18-13



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: MIKE'S AUTO SERVICE INC  
address: 1 UNION SQ  
city: SOMERVILLE state: MA zip: 02143 phone # 617 623-7009

work site location (full address):

- ☐ 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 \_\_\_\_\_ employees (full & part time). ☐ Other \_\_\_\_\_  
☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

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 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: Michael P. DeLorenzo Date: 1-15-13  
Print name: Michael P. DeLorenzo Phone #: 1-15-13

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

- ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Praxiom Risk Management, LLC 123 West Bloomingdale Ave. #300 Brandon, FL 33511  www.praxiom-rm.com	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Resource Management, Inc. FWLT Mike's Automotive Service, Inc 281 Main Street, Suite 5 Fitchburg MA 01420	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Amtrust / Wesco Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
NAIC #		
25011		

## COVERAGES

CERTIFICATE NUMBER: 15246564

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WWC3050483 (MA)	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Proj/Job Info (if any): /

Workers' Compensation coverage is provided for only those employee leased to, but not subcontractors of Mike's Automotive Services, Inc.  
PEO Client Name: Mike's Automotive Services, Inc Location: 1 Union Square Somerville, MA 02143 PEO ClientID#: 301330

## CERTIFICATE HOLDER

## CANCELLATION

For Record Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David E. Carothers

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD