

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

ADNAN DAHAN
12 GREENOCK LANE
NASHUA

NH 03062

LIC #: 2012-217
B.O.A.# 185734

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X 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: CITY AUTO SERVICE

TEL: 617-776-0838

Company Address: 00013 B JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual: Co: Corp: X Trust: Agency Gov't Partner
Ship Other

Owner Name: ADNAN DAHAN

TEL: 617-201-4206

Owner Address: 12 GREENOCK LANE

Owner City: NASHUA

State: NH

Zip: 03062

FID#: 261183984

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 OPERSTIONS *****

MONDAY-FRIDAY: 09:00 AM-05:00 PM

SATURDAY: 03:00 AM-05:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-217

FEE: \$550.00

This is to certify: ADNAN DAHAN

has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1999

Garage situated at: 00013 B JOY ST

Doing business as : CITY AUTO SERVICE

Shall not exceed: 2 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

- A. All VEHICLES serviced by the license holder shall be serviced inside
the building and not on any public or private way. All vehicles shall
be stored within property lines. B. AN UP DATED CERTIFICATE OF OCCUPANCY
TO BE ISSUED BY THE INSPECTIONAL SERVICES DEPT. (IF REQUIRED). C. NO
Blocking of the sidewalk or any public way with snow removal periods.
- D. No vehicles are to be parked along Joy St..

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

Check One: Owner Occupant Holder

Adnan Dahan

Signature of Applicant

12 Greenock Lane

Address

Nashua N.H. 03062

City

State

Zip

** Office Use Only **

Mailed

Taken /

Received: 5/16/12 - ms

\$550.00 ck# 1162

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: CITY AUTO SERVICE
Somerville Address and Zip Code: 13 B JOY ST 02143
Phone Number of the Business: 617-776-0838

The Legal Name of the License Holder: CITY AUTO SERVICE, INC.
Street Address of the License Holder: 13 B JOY ST
City, State and Zip Code of the License Holder: SOMERVILLE MA 02143
Phone Number of the License Holder: 617-776-0838
Email Address of the License Holder: adnandahan@yahoo.com

Where We Should Send Mail: Name: ADNAN DAHAN
Street Address: 12 GREENDEK LN
City, State and Zip Code: NASHUA, NH 03062
Email: adnandahan@yahoo.com
Phone Number: 617-201-4206

Federal ID # (Do Not Give a Social Security #): 26-1183984

Emergency Contact and Phone (For Fire Dept. Use): ADNAN DAHAN 617-201-4206

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: ADNAN DAHAN
Name of Secretary: SAME
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: Adnan Dahan Date 5-10-12

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.

CITY AUTO SERVICE, INC.

* Signature of Individual or Corporate Name (Mandatory)

Ahlan Sahen

By: Corporate Officer (Mandatory, if a corporation)

26-1183984

** 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: TAVNO Realty Trust

Address of taxpayer/applicant's business in Somerville: 161 Linwood ST.

Address of taxpayer/applicant's home in Somerville: 69 EAST ST Melrose MA 02176

Taxpayer/applicant's phone: day: 617 293 2010 evening: _____

I, (print name) DAVID TAVNO, 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 11 day of

May, 2012. [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: _____

20663009 # 145074001 # _____ # _____

NOTES: 89 791 14506011

CLERK'S INITIALS: [Signature] ORIGINAL STAMP:



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: CITY AUTO SERVICE, INC

address: 13B JOY ST

city: SOMERVILLE

state: MA

zip: 02143 phone # 617-776-0838

work site location (full address): SAME

☐ 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 REPAIR

☒ I am an employer providing workers' compensation for my employees working on this job.

company name: CITY AUTO SERVICE

address: 13B JOY ST

city: SOMERVILLE MA 02143

phone #: 617-776-0838

insurance co. Guard Insurance Group policy # CIWC918399

☐ 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: Adnan Dahan

Date: 5-16-12

Print name: ADNAN DAHAN

Phone #

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