CITY OF SOMERVILLE

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

2016 MAR -7 P 3:27

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Garage License

J&E AUTO BODY, INC.
9 HAWKINS ST
SOMERVILLE MA 02143

License #: BL15-000931
File #: 15-521
Fee: 605

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)
Business/DBA Name: J&E AUTO BODY, INC. **Business Location:** 9 HAWKINS ST **Business Phone:** 617-623-6790	
License Holder: J&E AUTO BODY, INC. 9 HAWKINS ST SOMERVILLE MA 02143	
Mailing Address: J&E AUTO BODY, INC. 9 HAWKINS ST SOMERVILLE MA 02143	
Business Type: Corporation EDDIE GIRON EDDIE GIRON EDDIE GIRON	
FID: 043397754	
Emergency Contact: EDDIE GIRON **Phone:** 617-699-7593	
Proposed Hours of Operation if outside standared hours: MO-FR 8AM-6PM, SA 8AM-2PM **# of Vehicles Kept Inside:** 2 **# of Vehicles Kept Outside:** 4 **Open to the public?** Yes **Mechanical repairs?** No **Autobody work?** Yes **Spray Painting?** Yes **Washing vehicles?** No **Charging money to store vehicles?** No **Storing unregistered vehicles?** No **Maintaining or operating a tow vehicle at this location?** 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.

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: J.E AUTO BODY INC

Address of taxpayer/applicant's business in Somerville: 9 HAWKINS ST

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

Taxpayer/applicant's phone: day: 617-6997593 evening: _____

I, (print name) Eddie Grao, 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 MAR 4 day of _____, 2016. _____
(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: ____

N/A # 233023011 # 507

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 Business

Applicant information:

Name: J E Auto Body

Address: 9 HAWKINS ST

City: SOMERVILLE State: MASS Zip: 02143 Phone #: 617 6236790

- ☐ I am an employer with 2 employees (full and/or part time).
- ☐ I am a sole proprietor or partnership and have no employees.
- ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- ☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
- ☐ Restaurant/Bar/Eating Establishment
- ☐ Office and/or Sales (real estate, auto, etc.)
- ☐ Nonprofit
- ☐ Entertainment
- ☐ Manufacturing
- ☐ Health Care
- ☐ Other Body Shop

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INS

Address: P O BOX 2977

City: HARFORD State: CT Zip: 06104 Phone #: 18008424271

Policy #: 680-6415B 8PT Expiration Date: 3-1-17

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: _____ Date: 3-6-16

Print Name: Eddie Chon

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* _____

(revised Jan. 2008)