



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

PAST DUE

APPLICATION TO RENEW GARAGE LICENSE

**RAFAEL E. CASTILLO
141 MIDDLESEX AVENUE
MEDFORD, MA 02155**

License #: 735
City #G162
Fee: 550.00
Account ID: 618
Reference #: 735

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: GOOD GAS SOMERVILLE Business Location: 343 MEDFORD ST Business Phone: 617-776-0590	
License Holder: PCJ AUTO SERVICES, INC. D/B/A GOOD GAS SOMERVILLE 00343 -00345 MEDFORD ST SOMERVILLE, MA 02145 617-776-0590	
Mailing Address: RAFAEL E. CASTILLO 141 MIDDLESEX AVENUE MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC)	
FID: 261691140	
Food Manager/Emergency Contact:	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 6AM-8PM, SA 6AM-7PM**

OPEN TO THE PUBLIC

- | | |
|----------------------|--------------------|
| 1 MECHANICAL REPAIRS | 5 VEHICLES OUTSIDE |
| 1 STORING VEHICLES | |
| 2 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 7/25/1991. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Rafael E. Castillo* Date: 5/30/14
Print Name: RAFAEL E CASTILLO Phone: 617 776 0590

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: PCJ AUTO SERVICES INC DBA-GOOD GAS SOMERVILLE
 Address: 345 NEWFORD ST.
 City: SOMERVILLE State: MA Zip: 02145 Phone #: 617 776 0590

- I am an employer with _____ 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 GAS STATION & REPAIRS CARS

Workers' compensation insurance information (if applicable):

Insurance Company Name: O' DONOGHUE INS - AGCY INC
 Address: 90 SUMMER SUMMER SP.
 City: ARLINGTON State: MA Zip: 02476 Phone #: _____
 Policy #: 34660 RISSUB Expiration Date: 7-31-14

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: [Signature] Date: 5-30-14
 Print Name: RAFael E CASTILLO

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: PS Auto Service DBA GoodCar ^{INC}

Address of taxpayer/applicant's business in Somerville: 345 MEDFORD ST.

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

Taxpayer/applicant's phone: day: 617 7760590 evening: 617 823 0024

I, (print name) RAFAEL E CASTILLO, 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 5/30/14 day of MAY, 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: _____

9916 # 208001001 # 830 # _____

NOTES:

CLERK'S INITIALS: (P)

ORIGINAL STAMP: 