

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

EDWIN SANTA CRUZ
39 LOCUST STREET
MEDFORD

MA 02155

LIC #: 2012-160
B.O.A.# 190806

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: XWashing 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: A & M FOREIGN MOTORS, INC. TEL: 617-776-1760
Company Address: 00400 MYSTIC AVCity: SOMERVILLE State: MA Zip: 02145

Check One:

Individual: Co: Corp: X Trust: Agency Ship Gov't Partner
Other Owner Name: EDWIN SANTA CRUZTEL: 617-680-5553Owner Address: ~~39 LOCUST STREET~~ 400 Mystic Ave.Owner City: ~~MEDFORD~~ Somerville State: MA Zip: ~~02155~~ 02145FID#: 042651742

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: 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 #: 2012-160
FEE: \$550.00This is to certify: EDWIN SANTA CRUZ
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 03/28/1991

Garage situated at: 00400 MYSTIC AV

Doing business as : A & M FOREIGN MOTORS, INC.

Shall not exceed: 4 Vehicles Inside & 8 Vehicles Outside, not on public ways
in addition the following restrictions apply:3/10/2011 APPROVED FOR 120 DAYS ONLY WITH THE FOLLWOING CONDITION:
THAT THE BUSINESS ADDRESS TRAFFIC AND INSTALL A 6-FOOT FENCE TO
ALLEVIATE NOISE.This renewal certificate must be signed by the holder of the license
Check One: Owner ✓ Occupant Holder

Signature of Applicant

400 Mystic Ave.
AddressSomerville MA 02145
City State Zip

** Office Use Only **

Mailed Taken ✓Received: 4/12/12 -MS\$550.00ck#

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: A & M Foreign Motors, INC.
Somerville Address and Zip Code: 400 Mystic Ave. Somerville, MA 02145
Phone Number of the Business: 617-776-1760

The Legal Name of the License Holder: Edwin A. Santa Cruz
Street Address of the License Holder: 400 Mystic Ave.
City, State and Zip Code of the License Holder: Somerville, MA, 02145
Phone Number of the License Holder: 617-680-5553
Email Address of the License Holder: Edwin1SC@gmail.com

Where We Should Send Mail: Name: Edwin A. Santa Cruz
Street Address: 400 Mystic Ave.
City, State and Zip Code: Somerville, MA 02145
Email: Edwin1SC@gmail.com
Phone Number: 617-776-1760

Federal ID # (Do Not Give a Social Security #): 04-2651742

Emergency Contact and Phone (For Fire Dept. Use): 617-680-5553

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: Edwin A. Santa Cruz
Name of Secretary: Edwin A. Santa Cruz
Name of Treasurer: Edwin A. Santa Cruz
☐ 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: _____

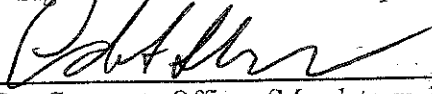
Date 04/10/2012

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.

A & M Foreign Motors, INC.
* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

04-2651742
** 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: A and M Foreign Motors, INC.

Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave.

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

Taxpayer/applicant's phone: day: 617-776-1760 evening: 617-680-5553

I, (print name) Edwin A. Santa-Cruz, 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 10 day of

April, 2012. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

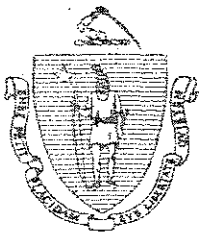
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
11343045 # 104082001 # _____ # _____

NOTES: 10/29

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
4-12-12



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: A and M Foreign Motors, INC.

address: 400 Mystic Ave.

city: Somerville state: MA zip: 02145 phone # 617-776-1760

work site location (full address): 400 Mystic Ave. Somerville, MA 02145

☐ 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

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

company name: A & M Foreign Motors, INC.

address: 400 Mystic Ave

city: Somerville, MA 02145 phone #: 617-776-1760

insurance co. Ameritrust Insurance Corp. policy # WC 0211729

☐ 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 [Signature] Date _____

Print name _____ Phone # _____

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

city or town: _____ permit/license # _____ ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: _____ phone #: _____ ☐ Selectmen's Office

(revised Sept. 2003)

☐ Health Department

☐ Other