CITY OF SOMERVILLE

MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

LUIS E. LEINS	LIC #: 2012-013
65 1/2 BOW STREET	B.O.A.# 166658
	EWAL CERTIFICATE FOR YOUR ***
ALLOWED USES - (CHOOSE ALL THAT	APPLY)
Mechanical Repair: X Auto Body Washing Vehicles: Spray Pain	Work: Parking or Storing Vehicles: ting: Operating a Tow Vehicle:
TSSIED IN ACCORDANCE WITH THE APPLICA	BLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
	iled with the required fee of \$550.00 not
later than April 30, 2012. Use the e	nclosed envelope.
Kindly fill in the information correct	ting any errors listed on our current
records below. Please print or type y	our information, except for signature.
	TEL: <u>617-623-9000</u>
Company Address: 00065 BOW ST	
City: SOMERVILLE Stat	e: MA Zip: 02143
Check One:	Gov't Partner
Individual: Co: Corp: X Tru	st: Agency Ship Other
Owner Name: LUIS E. LEINS	TEL: <u>617-623-9000</u>
Owner Address: 65 1/2 BOW STREET	
Owner City: SOMERVILLE	State: MA Zip: 02143
FID#: 542080683	
This renewal is being sent to you as	a courtesy, please file on time. If this
renewal is not returned to City Clerk	s's office by 04/30/2012, please advise.
**** HOURS OF OPERSTIONS ****	Very truly yours,
MONDAY-FRIDAY: 08:00 AM-06:00 PM	
SATURDAY: 08:00 AM-02:00 PM	
SUNDAY: CLOSED	
	John J. Long City Clerk
OUR CURRENT INF	
GARAGE OPEN TO TH	
	FEE: \$550.00
This is to certify: LUIS E. LEINS	
has been licensed by the Mayor and th	e Aldermen of the City of Somerville.
Since 02/13/1919 Garage situated at: 00065 BOW ST	
Doing business as LEINS AUTO REPAIR	S S
Shall not exceed: 2 Vehicles Inside &	S
in addition the following restriction	s apply:
<u> </u>	
	i i i i i i i i i i i i i i i i i i i
This renewal certificate must be sign	
Check One: Owner _ Occupant _	Holder
,	** Office Use Only **
Signature of Applicant	Mailed
10110	Taken
65 1/2 Bow 5+	Danadarad
Address	Received:
Somerville MA 02143	
City State Zip	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:	
Somerville Address and Zip Code:	
Phone Number of the Business:	
The Legal Name of the License Holder: Loins Auto Ropa	Tr Inc.
Street Address of the License Holder: 651/2 Bow ST	
City, State and Zip Code of the License Holder: Somerville M.	A 02143
Email Address of the License Holder: 16 insauto @ yahoo. Co	7
Where We Should Send Mail: Name:	
Street Address:	
City, State and Zip Code:	
Email:	
Phone Number:	
Federal ID# (Do Not Give a Social Security#): 542 - 08 - 068	3
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%:_	<u> </u>
Trust: Names of All Trustees Who Own More Than 10%:	
Corporation (inc. LLC): Name of President: Lvis Leins	
Name of Secretary: Luis Loins	and the second s
Name of Treasurer: Luis Leins	
Other (Attach a Description of the Form of Ownership and the Names of O	wners)

-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 4-24-12

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.

* Signature of Individual or Corporate Name (Mandatory)

Luis Loins

By: Corporate Officer (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.

<sup>542-08-0683

**</sup> Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)



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: Leins Auto Ropair Inc.
Address of taxpayer/applicant's business in Somerville: 69-71 Bow ST
Address of taxpayer/applicant's home in Somerville:
Taxpayer/applicant's phone: day: 617-623-9000 evening:
I, (print name) Luis E. Leins, 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 24th day of
April ,2012.
(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:
#16537083 #232058001 #30052446 #
NOTES: CLERK'S INITIALS: ORIGINAL STAMP: RECE



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 informa	lion:	Please PRI	NT legibly		
name:				:	
address:					
			zip:	phone#	
city		state:		51100	
working in any	prietor and have no one capacity.	Office	Retail Restaurant Sales (including Re	Bar/Eating Establishment al Estate, Autos etc.)	
I am an employe		,		o i o b	
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	Bow S				
city: 5011	er Ville M.	A 02143	phone#: 61	7-623-9000	2
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				we the following workers'	
compensation police					
company name:			off, (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)		
address:				ardiga diskipa Simonida kandadi ete da desi. Bindo kandadi eta Berlindo Sili da da desi.	8, 941/15, F4.45 Türili 681/15, F3.
city:			phone#:		
insurance co.			policy#		
company name:					
address:				io (inglesalls) esteración (selection)	
city:			phone#:		
insurance co.			policy#		
one years' imprisonm copy of this statement	rage as required under Sect ent as well as civil penalties may be forwarded to the O	in the form of a STOF w ffice of Investigations of t	he DIA for coverage verifica		500.00 and/or rstand that a
I do hereby certify u	nder the pains and penalt	ies of perjury that the in	formation provided aboveDate	U - 24 - 12	
Signature					
Print name			Phon	e#	
official use only	do not write in this area t	o be completed by city or	town official	and the state of t	
125			permit/license#	☐Building Depar	
1988 1988	liate response is required			Selectmen's O	ffice
contact person:		phone	÷#;		f150