

*send to Business*

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

CLARINDA FREITAS  
64 RUSSELL STREET #3C  
PLYMOUTH MA 02360

LIC #: 2012-167  
B.O.A.# 180849

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:  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: BRASIL AUTO REPAIR TEL: 617-982-0787  
Company Address: 00621 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:  Co:  Corp:  Trust:  Agency:  Ship:  Other:   
Gov't Partner  
Owner Name: CLARINDA FREITAS TEL: 1-508-830-0076  
Owner Address: 64 RUSSELL STREET #3C

Owner City: PLYMOUTH State: MA Zip: 02360  
FID#: \_\_\_\_\_

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 OPERATIONS \*\*\*\*\*  
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 #: 2012-167  
FEE: \$550.00

This is to certify: CLARINDA FREITAS  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 11/19/1991

Garage situated at: 00621 SOMERVILLE AV

Doing business as : BRASIL AUTO REPAIR

Shall not exceed: 2 Vehicles Inside

in addition the following restrictions apply:

NO USE OF PUBLIC WAY FOR STORAGE OF VEHICLES. NO BLOCKING SIDEWALK.  
MECHANICAL ONLY - NO BODY WORK OR PAINTING. 90 DAY LICENSE ONLY.  
NO TOWING OPERATION AT THE GARAGE  
TRANSFERRED FROM DON HECTOR AUTO REPAIR BOA #180849 ON 4/11/2006.

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

Check One: Owner  Occupant  Holder

Clarinda Freitas  
Signature of Applicant

621 SOMERVILLE AVE  
Address

SOMERVILLE MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: \_\_\_\_\_  
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: BRASIL AUTO REPAIR  
Somerville Address and Zip Code: 621 SOMERVILLE AVE, SOMERVILLE MA 02143  
Phone Number of the Business: (617) 623 0553

The Legal Name of the License Holder: Julio Rosa / Clarinda Freitas  
Street Address of the License Holder: 94 Pearl St Bost  
City, State and Zip Code of the License Holder: SOMERVILLE MA 02145  
Phone Number of the License Holder: (617) 623 0768  
Email Address of the License Holder: N/A

Where We Should Send Mail: Name: BRASIL AUTO REPAIR  
Street Address: 621 SOMERVILLE AVE  
City, State and Zip Code: SOMERVILLE MA 02143  
Email: N/A  
Phone Number: (617) 623 0553

Federal ID # (Do Not Give a Social Security #): 20-271 0805

Emergency Contact and Phone (For Fire Dept. Use): ETELVIMAROSA (617) 623 0768

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%: Julio Rosa  
and Clarinda FREITAS  
 Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
 Corporation (inc. LLC): Name of President: \_\_\_\_\_  
Name of Secretary: \_\_\_\_\_  
Name of Treasurer: \_\_\_\_\_  
 Other (Attach a Description of the Form of Ownership and the Names of Owners) \_\_\_\_\_

2012 APR 27 A 10 25  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

**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: Julio Rosa Date: 3/30/12

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.

Julio Rosa  
\* Signature of Individual or Corporate Name (Mandatory)

Julio Rosa  
By: Corporate Officer (Mandatory, if a corporation)

014 90 7783  
\*\* 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: BRAZIL AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 621 SOMERVILLE AVE, SOMERVILLE MA 02148

Address of taxpayer/applicant's home in Somerville: 94 PEARL ST BSMT, SOMERVILLE MA 02145

Taxpayer/applicant's phone: day: (617) 623 0553 evening: (617) 623 0768

I, (print name) JULIO ROSA, 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 30<sup>th</sup> day of MARCH, 20 12. (Signature)  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

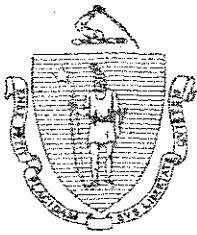
**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>20663013</u>	<u>241041011</u>	# _____	# _____
<u>13686</u>	<u>241040001</u>		

NOTES:

CLERK'S INITIALS: M. M. ORIGINAL STAMP:





The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7<sup>th</sup> Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: CLARINDA FREITAS & JULIO ROSA DBA BRAZIL AUTO REPAIR

address: 621 SOMMERVILLE AVE

city: SOMERVILLE state: MA zip: 02145 phone # 617-623-0553

work site location (full address): SAME AS ABOVE

- 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.), Other AUTO REPAIR
I am an employer with employees (full & part time). Other AUTO REPAIR
I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: phone #:

insurance co. policy #

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: 4/3/2012

Print name: Julio Rosa Phone #: 617-623-0553

Official use only section with fields for city or town, permit/license #, contact person, and various checkboxes for departments like Building Department, Licensing Board, etc.