

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 MAR 27 P 2:50



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

APPLICATION TO RENEW GARAGE LICENSE

**GE & M AUTO SERVICE
ALEWIFE AUTOMOTIVE
395 ALEWIFE BROOK PKWY
SOMERVILLE, MA 02144**

License #: **856**
City # **G237**
Fee: **550.00**
Account ID: **25**
Reference #: **856**

#7009

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: For ALEWIFE AUTOMOTIVE Business Location: 395 ALEWIFE BROOK PKWY Business Phone: 617-623-9615	
License Holder: GE & M AUTO SERVICE ALEWIFE AUTOMOTIVE 395 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144 617-623-9615	
Mailing Address: GE & M AUTO SERVICE 395 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIAS MIKHAEL SECRETARY - ELIAS MIKHAEL	
FID: 043564703	
Food Manager/Emergency Contact: GEORGE MIKHAEL 617-372-0648	

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

Hours: **MO-FR 8AM-6PM, SA 8AM-5PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 17 VEHICLES
- 3 VEHICLES INSIDE
- 14 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 12/20/2005, 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: Date 3-27-13
Print Name: George Mikhael Phone 617-623-9615

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: Alexis Automotive
Address: 395 Alexis Brook Parkway
City: Somerville State: Ma. Zip: 02144 Phone #: 617-623-9615
 I am an employer with 5 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Ma. Retail Merchants WC Group, Inc.
Address: P.O. Box 859222-9222
City: Som Braintree State: Ma. Zip: 02185 Phone #: 800-790-8877
Policy #: 014005032305113 Expiration Date: _____

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: 3-27-13

Print Name: George Mikhail

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: Elias Michael
Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Parkway
Address of taxpayer/applicant's home in Somerville: None
Taxpayer/applicant's phone: day: 617-623-9618 evening: 617-372-0648.

I, (print name) Elias Michael, 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 27th day of March, 2013.
Elias Michael
(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: _____
1965512 # 34605400 # 14 # _____

NOTES: 336

CLERK'S INITIALS: R

ORIGINAL STAMP: 