



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

APPLICATION TO RENEW GARAGE LICENSE

**FELLSWAY AUTO REPAIR CO.
693 MCGRATH HWY
SOMERVILLE, MA 02145**

License #: 730
City #G209
Fee: 550.00
Account ID: 613
Reference #: 730
#7005

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 FELLSWAY AUTO REPAIR Business Location: 693 MCGRATH HWY Business Phone: 617-628-0806	
License Holder: FELLSWAY AUTO REPAIR CO. 693 MCGRATH HWY SOMERVILLE, MA 02145 617-628-0806	
Mailing Address: FELLSWAY AUTO REPAIR CO. SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JAMES TIVINIS SECRETARY - JAMES TIVINIS	
FID: 043415996	
Food Manager/Emergency Contact: JAMES TIVINIS 978-304-1029	

2013 APR - 1 PM 1:43
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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

Hours: **MO-FR 7AM-6PM, SA 8AM-1PM**

OPEN TO THE PUBLIC

- 1 AUTO BODY WORK
- 1 MECHANICAL REPAIRS
- 15 VEHICLES
- 5 VEHICLES INSIDE
- 10 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 3/12/1988, 10 Ft. Fence Dividing 8/10 Kennington 12/12A Kennington From Mcgrath Hwy Building. Soundproof Inside Of Building Facing Kennington Ave. No Idling Vehicles In Lot. Exhaust Of Cars Be Directed Up Over Building Via Duct Work. 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: James Tivinis Date 3-29-13
Print Name: James Tivinis Phone 617 628-0806

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: Fellsway Auto Repair
Address: 693 McBrath Hwy.
City: Somerville State: MA Zip: 02145 Phone #: 617-628-0806

- I am an employer with 4 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 Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Zurich
Address: PO Box 2847
City: Grand Rapids State: MI Zip: 49501-2847 Phone #: 1855-866-6879
Policy #: M019802257-001-00001 Expiration Date: 12-6-2013

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: James Trivis Date: 3-29-13
Print Name: JAMES TRIVIS

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 _____



ZURICH

Workers Compensation and Employers Liability Insurance Policy

NORTHERN INSURANCE COMPANY OF NEW YORK

Information Page

NCCI Company No.: 13765

ACCOUNT NUMBER: M019802257-001-00001

Branch S4 CONNECTICUT OFFICE	Policy Number WC 04576023 02	Producer Code 19952175	Previous Policy Number WC 04576023 01	RENEWAL
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Servicing Address P.O. BOX 10197 JACKSONVILLE, FL 32247-0197

ITEM 1. Name Insured and Mailing Address FELLSWAY AUTO REPAIR CO INC 693 MCGRATH HWY SOMERVILLE MA 02144	Producer Name and Servicing Address WATER STREET INSURANCE AGENCY 27 WATER ST WAKEFIELD MA 01880-2914 (781) 245-0888
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This Information Page, with policy provisions and endorsements, if any, completes this policy.

Insured is: CORPORATION

Risk I.D. No: F.E.I.N.: 043415996

Other Workplaces Not Shown Above: SEE SCHEDULE OF INSUREDS AND LOCATIONS

ITEM 2. Policy Period: From: 12/06/2012 To: 12/06/2013 12:01 a.m. Standard Time at the Insured's Mailing Address

- ITEM 3.**
- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here
MA
 - B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	<u>100,000</u>	Each Accident
Bodily Injury by Disease	\$	<u>500,000</u>	Policy Limit
Bodily Injury by Disease	\$	<u>100,000</u>	Each Employee
 - C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
ALL STATES EXCEPT ND, OH, WA, WY AND THOSE LISTED IN 3A.
 - D. This policy includes these endorsements and schedules: SEE FORMS AND ENDORSEMENTS APPLICABLE LIST

ITEM 4.
The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required on the following Classification Schedule (s) is subject to verification and change by audit.

SEE CLASSIFICATION SCHEDULE

Total Estimated Standard Premium	\$	2,259.00	If indicated below, adjustments of premium shall be made: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Premium Discount	\$		
Expense Constant	\$	338.00	
Premium for Endorsements	\$	36.00	
Account Completion Credit	\$		
Association/Safety/Group Tier	\$		
Taxes and Surcharges	\$	112.00	
Total Estimated Annual Premium	\$	2,745.00	



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Fellsway Auto Repair

Address of taxpayer/applicant's business in Somerville: 693 McGrath Hwy.

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

Taxpayer/applicant's phone: day: 617-628-0806 evening: 978-304-1029.

I, (print name) James Tuinis, 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 29th day of March, 2013.
[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: _____

9696 # 144004001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:
RECEIVED
UBanis
4-1-13