

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GREEN AUTOMOTIVE, CORP./GERALD CHAILLE
600 WINDSOR PLACE
SOMERVILLE MA 02143

LIC #: 2011-210
B.O.A.# 188018

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: ___ Parking or Storing Vehicles: X
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: X

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 \$500.00 not
later than April 30, 2011. 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: GREEN AUTOMOTIVE, CORPORATION TEL: 617-628-1081
Company Address: 00600 WINDSOR PL

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner

Owner Name: GREEN AUTOMOTIVE, CORP./GERALD CHAILLE TEL: 617-628-1081

Owner Address: 600 WINDSOR PLACE

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 042660924

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 04/30/2011, 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 #: 2011-210
FEE: \$500.00

This is to certify: GREEN AUTOMOTIVE, CORP./GERALD CHAILLE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/20/1979

Garage situated at: 00600 WINDSOR PL

Doing business as : GREEN AUTOMOTIVE, CORPORATION

Shall not exceed: 50 Vehicles Inside & 40 Vehicles Outside, not on public ways
in addition the following restrictions apply:

CITY CLERK'S OFFICE
SOMERVILLE, MA
MAY 16 P 3:06

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

Check One: Owner [checked] Occupant ___ Holder ___

Signature of Applicant

600 Windsor Place

Address

Somerville, MA 02143

City State Zip

** Office Use Only **

Mailed

Taken

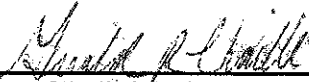
Received: 5-16-11

\$500.00 CK 8009

City Clerk

**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)

Gerald R. Chaille

By: Corporate Officer (Mandatory, if a corporation)

04-2590310

**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: Green Cab Co, Inc.

Address of taxpayer/applicant's business in Somerville: 600 Windsor Place

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

Taxpayer/applicant's phone: day: (617) 628-2222 evening: (617) 628-6666

I, (print name) Gerald R. Chaille, 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 12th day of

May, 20 11. Gerald R. Chaille
(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: _____

98000720 # 146007011 # 01840000 # _____
30000482

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
A 5-16-11

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Green Automotive, Inc.
Address: 600 Windsor Place
City: Somerville State: Ma Zip: 02143 Phone #: (617) 628-2222

- I am an employer with 30 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 Taxi rental/repair and dispatch

Workers' compensation insurance information (if applicable):

Insurance Company Name: Chartis Specialty Workers Compensation Group
Address: 22427 Network Place
City: Chicago State: IL Zip: 60673-1224 Phone #: (800) 645-2259
Policy #: WC 4475821 Expiration Date: 01/01/12

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: Gerald R. Chaille Date: 5/12/11

Print Name: Gerald R. Chaille

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 _____