

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

GENENE TEREFE
812 MEMORIAL DRIVE, #1301
CAMBRIDGE MA 02139

LIC #: 2012-248
B.O.A.# 182339

*** 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:

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: GENE AUTOMOTIVE REPAIR TEL: 617-591-8300
Company Address: 00056 JOY ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: Corp: Trust: Agency Gov't Partner
Ship Other
Owner Name: GENENE TEREFE TEL: 617-591-8300
Owner Address: 812 MEMORIAL DRIVE, #1301

Owner City: CAMBRIDGE State: MA Zip: 02139
FID#: 012760081

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 OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-04:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-248
FEE: \$550.00

This is to certify: GENENE TEREFE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 01/31/2007

Garage situated at: 00056 JOY ST (MUNREG)

Doing business as : GENE AUTOMOTIVE REPAIR

Shall not exceed: 10 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

APPROVED AS AMENDED: APPROVED FOR MECHANICAL REPAIRS AND PARKING.

This renewal certificate must be signed by the holder of the license
Check One: Owner X Occupant Holder

Genene Terefe
Signature of Applicant
56 Joy street
Address
SOMERVILLE MA 02143
City State Zip

** Office Use Only **
Mailed
Taken
Received: _____
City Clerk

2012 MAY 25 10:42
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: GENE AUTOMOTIVE REPAIR
Somerville Address and Zip Code: 56 JOY ST - 02143
Phone Number of the Business: 617-591-8306

The Legal Name of the License Holder: GENENE TEREFE
Street Address of the License Holder: 93 BOWERS AVE #2
City, State and Zip Code of the License Holder: MALDEN MA 02148
Phone Number of the License Holder: 617-864-3490
Email Address of the License Holder: dinayanni@gmail.com

Where We Should Send Mail: Name: GENENE TEREFE
Street Address: 93 BOWERS AVE #2
City, State and Zip Code: MALDEN MA 02148
Email: dinayanni@gmail.com
Phone Number: 617-864-3490

Federal ID # (Do Not Give a Social Security #): 07-057-8834

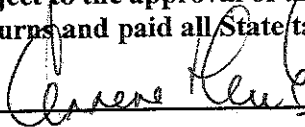
Emergency Contact and Phone (For Fire Dept. Use): GENENE TEREFE 617-864-3490

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: GENENE TEREFE
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:

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)

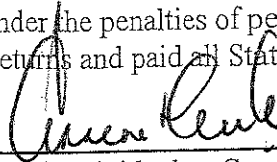
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 5/25/12

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)

By: Corporate Officer (Mandatory, if a corporation)

012-76-0081

** 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: GENENE TEREFE

Address of taxpayer/applicant's business in Somerville: 56 JOY street

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

Taxpayer/applicant's phone: day: 617-591-8300 evening: 617-864-3490

I, (print name) GENENE TEREFE, 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 _____ day of _____, 20_____

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

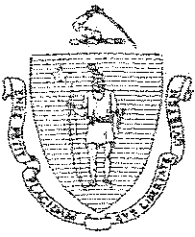
Real Estate Water/Sewer Personal Property Other: _____
8271 # 145025001 # 750 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP 

RECEIVED
Barry
5-25-12



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 information: Please PRINT legibly

name: GENE AUTOMOTIVE REPAIR
 address: 56 JOY ST
 city: MALDEN state: MA zip: 02143 phone # 617-591-8300
 work site location (full address): 56 JOY ST. SOMERVILLE MA 02143
 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.)
 I am an employer with 1 employees (full & part time). Other CAR REPAIR SHOP
 I am an employer providing workers' compensation for my employees working on this job.

company name: GENE AUTOMOTIVE REPAIR
 address: 56 JOY STREET
 city: SOMERVILLE phone #: 617-591-8300
 insurance co. ZURICH AMERICAN policy # 622UB-9732L

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 5/25/12
 Print name GENENE TEREFE Phone # 617-591-8300

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)