

NEW

GARAGE LICENSE APPLICATION

2011 APR -5 P 2:09

Application Fee \$500.00

FOR CITY CLERK'S OFFICE ONLY

Date 03-31-11

CITY CLERK'S OFFICE
SOMERVILLE, MA

Recorded
Amount Paid \$575-

New Application

For the storage of 12 vehicles inside

Renewing Application with Additions or Changes

3 vehicles outside

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Auto Mechanic Souza Inc Phone: 617-447-5557

Applicant's Address (with Zip Code): 308 McGrath Hwy 02143

Applicant's Email Address: Weider brazuka@hotmail.com

Applicant's Federal Employer Identification Number: 45-1199224

Business DBA Name (if applicable):

Business Location (with Zip Code): 308 McGrath Hwy 02143

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code):

Emergency Contact: Carlos Fernandez Phone: 617-548-2814

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: ~~Weider Cabral de Souza~~

Address with Zip Code: ~~20 Warren St Medford MA 02155~~

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Weider Cabral de Souza

Address with Zip Code: 20 Warren St Medford MA 02159

Partner's/Member's/Secretary's Name: Same

Address with Zip Code: Same

Partner's/Member's/Treasurer's Name: Same

Address with Zip Code: Same

1. Will you be open to the public at this location? Y N
2. Will you be doing mechanical repairs of vehicles at this location? Y N
3. Will you be doing autobody work on vehicles at this location? Y N
4. Will you be spray painting vehicles or parts at this location? Y N
5. Will you be washing vehicle at this location? Y N
6. Will you be charging money to park vehicles at this location? Y N
7. Will you be storing registered vehicles at this location? Y N
8. Will you be storing unregistered vehicles at this location? Y N
9. Will you be operating a tow vehicle at this location? Y N

Have you ever obtained a garage license before? Y N
 If yes, list year, city and state _____

Have you ever been denied a garage license? Y N
 If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y N
 If yes, list year, city and state _____

Describe all of the premises to be used in the business: _____

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 03-23-11

Business Name: Auto Mechanic Souza

Business Address: 308 McGrath Hwy
Somerville, MA, 02143

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 12 inside
3 outside

Signature: [Signature] Date: 3-30-2011
Print Name: EDDIE NUZZO Title: Superintendent

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

- A 148 sec. 13 License is required
- A 148 sec. 13 License is NOT required

Signature: [Signature] Date: 4/5/11
Print Name: ROBERT MacLaughlin Title: Fire Prev LIEUTENANT

John Long

From: Somerville News [thesomervillenews@yahoo.com]
Sent: Friday, April 08, 2011 11:50 AM
To: John Long
Subject: Re: News Legal Notice e-mail (garage)

Hi John,
I am confirming that I received your Legal Ad and it will be published as requested.
Thanks,
Cam

From: John Long <JLong@somervillema.gov>
To: thesomervillenews@yahoo.com
Sent: Fri, April 8, 2011 11:41:45 AM
Subject: News Legal Notice e-mail (garage)

Electronic Submission

To: Cam Toner
At: thesomervillenews@yahoo.com
From: John J. Long, City Clerk
Date: April 8, 2011

Please publish the following Legal Notice in the **Wednesday, April 13, 2011**, edition of the Somerville News.
PLEASE REPLY TO CONFIRM RECEIPT.

CITY OF SOMERVILLE
OFFICE OF CITY CLERK
BOARD OF ALDERMEN

There will be a Public Hearing before the Board of Aldermen's Committee on Licenses and Permits on Wednesday, April 20, 2011, at 6:00 PM, in the Committee Room on the 2nd Floor of City Hall, 93 Highland Avenue, on the petition of Auto Mechanic Souza Inc. for a Garage License for mechanical repairs, body work, and storing vehicles, all for 12 vehicles inside and 3 vehicles outside, at 308 McGrath Highway.

THE PUBLIC IS INVITED TO ATTEND AND BE HEARD.

JOHN J. LONG
CITY CLERK

ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner: YOUR NAME

Address: ADDRESS


Date: 4/21/11

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the ~~Aldermanic Chambers~~ or Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date: WEDNESDAY, APRIL 20, 2011, at 6⁰⁰ PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: GARAGE LICENSE
FOR AUTO MECHANIC SOUZA INC. FOR AUTO REPAIR,
BODY WORK, AND STORING VEHICLES, AT 308
MCGRATH HIGHWAY, WITH NO MORE THAN 12 VEHICLES
TO BE STORED INSIDE AND 3 OUTSIDE.

Sincerely,



Petitioner's Signature

SOMERVILLE, MA

Street	Grantee	Co grantee's Name	Mailing Address	City	St Zip	Use Code
198 WASHINGTON ST	LECESE ALESSANDRO & ELAINE T	ALESSANDRO & ELAINE T	198 WASHINGTON ST	SOMERVILLE	MA 02143	104C
192 WASHINGTON ST	PERNO JULIO & NANCY LUCIA TRST	PERNO S	192 WASHINGTON ST	SOMERVILLE	MA 02143	104C
190 WASHINGTON ST	MITRANO RAY & NANCY TRSTEE	ROSE MITRANO REVOCABLE TR	111 FULTON ST	MEDFORD	MA 02155	032E
50 MANSFIELD ST	ADJETEY CECIL F		50 MANSFIELD ST	SOMERVILLE	MA 02143	105C
48 MANSFIELD ST	KARRAS PATRICIA		60A N BEDFORD ST	ARLINGTON	VA 22201	105C
42 MANSFIELD ST	TOMADAKIS JOY TRSTEE	TOMADAKIS FAMILY RELTY TR	42 MANSFIELD ST	SOMERVILLE	MA 02143	1050
40 MANSFIELD ST	O'LEARY MARY C & DEPARI ANNA C	MARY C O'LEARY REV TR & A	38-40 MANSFIELD ST	SOMERVILLE	MA 02143	1040
36 MANSFIELD ST	TRUST UNION MANAGEMENT	MORAIS DANIEL S & HELENA	36 MANSFIELD ST	SOMERVILLE	MA 02143	112C
28 MANSFIELD ST	MC DONALD FRANCIS E	& PATRICIA A	28 MANSFIELD ST	SOMERVILLE	MA 02143	1040
26 MANSFIELD ST	PENTECOSTAL CHURCH OF GOD		1248 WHITE PLAINS RD	BRONX	NY 10472	9600
22 MANSFIELD ST	DIPRIZIO LUIGI	DIPRIZIO FELICE	22 MANSFIELD ST	SOMERVILLE	MA 02143	1040
9 ROSSMORE ST	FARIA JOSE R & MARIA L		9A ROSSMORE ST	SOMERVILLE	MA 02143	1050
11 ROSSMORE ST	PAONE PAUL F & ELIZABETH		58 ALLEN STREET	LEXINGTON	MA 02420	316I
17 ROSSMORE ST	RODRIGUEZ CARLOS E	RODRIGUEZ ELSY	17 ROSSMORE ST	SOMERVILLE	MA 02143	1050
21 ROSSMORE ST	LIANG WEI BANG		21 ROSSMORE ST	SOMERVILLE	MA 02143	1050
23 ROSSMORE ST	EOVINE ROBERT & LINDA		80 YORK TERRACE	BROOKLINE	MA 02446	1050
25 ROSSMORE ST	BARRY EGIN & CARROLL JENNIFER		25 ROSSMORE ST	SOMERVILLE	MA 02143	1020
27 ROSSMORE ST	HUNTER JARED	RICHMAN ERICA A	27 ROSSMORE ST	SOMERVILLE	MA 02143	1020
25 1/2 ROSSMORE ST	KUJAWA JULIE		25 1/2 ROSSMORE ST	SOMERVILLE	MA 02143	1020
27 1/2 ROSSMORE ST	WINFIELD VANESSA		27 1/2 ROSSMORE ST	SOMERVILLE	MA 02143	1020
29 ROSSMORE ST	WANG YOUNG & QU YAN		27 1/2 ROSSMORE ST	SOMERVILLE	MA 02143	1020
35 ROSSMORE ST	ABREU CHARLES JR & SALLYANN M		19 OAK ST #2	CAMBRIDGE	MA 02140	1050
160 WASHINGTON ST	ROMANOW ROBERT TRUSTEE	ROMANOW REAL ESTATE TRUST	4351 TAHITIAN GARDEN CIR #1	HOLIDAY	FL 34691	1110
161 LINWOOD ST	TAURO RONALD A & EDWARD TRSTS	TAURO REALTY TRUST	1010 MEMORIAL DR #5F	CAMBRIDGE	MA 02138	3220
151 LINWOOD ST	AREC S LLC		182 WASHINGTON ST P O BOX 153	SOMERVILLE	MA 02143	332I
259 MCGRATH HWY	HERB CHAMBERS SOMERVILLE CORP	C/O CHAMBERS MOTORCARS BO	2727 NORTH CENTRAL AVE	PHOENIX	AZ 85004	4010
182 WASHINGTON ST	TAURO RONALD & EDWARD TRUSTEES	TAURO REALTY TRUST	259 MCGRATH HWY PO BOX 45408	SOMERVILLE	MA 02145-0004	3300
324 MCGRATH HWY	SINGH SANTOKH &		P O BOX 153	SOMERVILLE	MA 02143	0322
320 MCGRATH HWY	PEREIRA MARCELO CARLOS	KAUR MANJEET	324 MCGRATH HWY	SOMERVILLE	MA 02143	1040
314 MCGRATH HWY	DASILVA VERA		318 MCGRATH HWY #1	SOMERVILLE	MA 02143	1050
308 MCGRATH HWY	TAURO RONALD R & EDWARD A TRS		314 MCGRATH HWY	SOMERVILLE	MA 02143	1040
306 MCGRATH HWY	TRUST TAURO REALTY	DAVID & EMILY TAURO TRUST	182 WASHINGTON STREET P O 153	SOMERVILLE	MA 02143	332I
302 MCGRATH HWY	TAURO EDWARD & RONALD TRUSTEES	TAURO REALTY TRUST	69 EAST ST	MELROSE	MA 02176	1110
298 MCGRATH HWY	TAURO RONALD & EDWARD TRUSTEES	TAURO REALTY TRUST	PO BOX 153	SOMERVILLE	MA 02143	1050
292 MCGRATH HWY	TRUST TAURO REALTY	TAURO PATRICK & ED & RONA	182 WASHINGTON ST PO BOX 153	SOMERVILLE	MA 02143-3112	1050
284R MCGRATH HWY	TRUST BRANT REALTY	C/O WALTER TAURO	292 MCGRATH HWY	SOMERVILLE	MA 02143	1050
282 MCGRATH HWY	TRUST BRANT REALTY	DERANY STEPHEN J TRSTE	40 SHELLY RD	ARLINGTON	MA 02476	316V
280 MCGRATH HWY	MAIATO F. A. CORREIA J. N.	S/O DHIRAJ TULACHAN	282 MCGRATH HWY	SOMERVILLE	MA 02143	3280
25 MANSFIELD ST	CHAN HAK SANG TRUSTEE	25 MANSFIELD STREET REALT	280 MCGRATH HWY	SOMERVILLE	MA 02143	1050
0 MANSFIELD ST	CHAN HAK SANG TRSTEE	25 MANSFIELD STREET REALT	77 WREN TERR	QUINCY	MA 02169	112C
29 MANSFIELD ST	BRADY DANIEL	SERNA-BRADY BARBARA	77 WREN TERRY	QUINCY	MA 02169	3370
31 MANSFIELD ST	GATES MARY L		29 MANSFIELD ST #1	SOMERVILLE	MA 02143	1020
31 MANSFIELD ST	LYNCH LISA A	S/O CLARK BARWICK & ALEXA	31 MANSFIELD ST #2	SOMERVILLE	MA 02143	1020
35 MANSFIELD ST	SPEZZAFERO ROBERT A & ROSE M		31 MANSFIELD ST #3	SOMERVILLE	MA 02143	1020
MANSFIELD ST	SPEZZAFERO ROBERT A & ROSE M		35 MANSFIELD ST	SOMERVILLE	MA 02143	1050
MANSFIELD ST	CITRO TRANQUILLINO & MINNIE ES	C/O CITRO NANCY	35 MANSFIELD ST	SOMERVILLE	MA 02143	1310
39 MANSFIELD ST			39 MANSFIELD ST	SOMERVILLE	MA 02143	1050

SOMERVILLE, MA

Street Number	Location	Grantee	Co grantee-s Name	Mailing Address	City	St Zip	Use	Code
41	MANSFIELD ST	ALBERT ILYA & NATALY TRSTEEES	ILYA ALBERT & NATALY ALBE	989 EAST ST #114	DEDHAM	MA 02026	101	101
45	MANSFIELD ST	ISOSCELES HOLDINGS LLC	S/O ERIC M & JULIE R ENGE	45 MANSFIELD ST	SOMERVILLE	MA 02143	101	101
47	MANSFIELD ST	RAMOS PAUL J & ISABEL C		47 MANSFIELD ST	SOMERVILLE	MA 02143	101	101
51	MANSFIELD ST	GULINO NANCY & SALVATORE		16 MID IRON DR #16	NORTH READING	MA 01864	101	101



**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.

Auto Mechanic Souza Inc.

*Signature of Individual or Corporate Name (Mandatory)

Walter de Souza

By: Corporate Officer (Mandatory, if a corporation)

45-1199224

**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: Auto Mechanic Souza Inc
Address of taxpayer/applicant's business in Somerville: 45-1199224
Address of taxpayer/applicant's home in Somerville: 308 McGrath Hwy
Taxpayer/applicant's phone: day: 617-447-9597 evening: _____

I, (print name) Weider Cabral de Souza, 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 31 day of March, 20 11. [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: _____
20663019 # 11802001 # 50056635 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UB
4-5-11

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: Auto Mechanic Souza Inc

Address: 308 McGrath Hwy

City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with _____ 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
- Manufacturing Entertainment
- Health Care Other Auto repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ 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: Weider Cabral de Souza Date: 04-05-11

Print Name: Weider Cabral de Souza

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 _____

(revised Jan. 2008)