

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ALCIDES FLORES
6-8 ECHO GROVE AVENUE #3
LYNN MA 01905

LIC #: 2012-202
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles:

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: FLORES AUTO REPAIR INC TEL: 617-666-8033
Company Address: 00006 D BEACH AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual X Co: Corp: Trust: Agency Ship Other

Owner Name: ALCIDES FLORES TEL: 617-887-2559

Owner Address: 6-8 ECHO GROVE AVENUE #3

Owner City: LYNN State: MA Zip: 01905

FID#: 262497589

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-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-202

FEE: \$550.00

This is to certify: ALCIDES FLORES
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/11/1997

Garage situated at: 00006 D BEACH AV

Doing business as : FLORES AUTO REPAIR

Shall not exceed: 4 Vehicles Inside

in addition the following restrictions apply:

NO PARKING OR REPAIR OF VEHICLES ON THE STREET

2012 APR 25 12:33
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Check One: Owner Occupant Holder

Alcides Flores

Signature of Applicant

6-8 echo Grove av #3

Address

LYNN MA 01905
City State Zip

** Office Use Only **

Mailed

Taken

Received: \$550.00 ck# 1568

4/25/12-MS
City Clerk

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: FLORES AUTO REPAIR, INC
Somerville Address and Zip Code: 6 Beach. av Somerville .02143
Phone Number of the Business: 617 666 8033

The Legal Name of the License Holder: Alcides Flores
Street Address of the License Holder: 6-8 echo Grove av #3
City, State and Zip Code of the License Holder: LYNN ma 01905
Phone Number of the License Holder: 617 594 1657
Email Address of the License Holder: _____

Where We Should Send Mail: Name: Alcides Flores
Street Address: 6 Beach. av
City, State and Zip Code: Somerville ma 02143
Email: _____
Phone Number: 617 666 8033

Federal ID # (Do Not Give a Social Security #): 262 497 589

Emergency Contact and Phone (For Fire Dept. Use): Alcides Flores 617.5941657

Type of Business (Check Only One and Give the Names Indicated):
____ Sole Proprietor: Name of Owner: _____
____ 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: Alcides Flores
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: Alcides Flores Date 4.25.12

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.

Alcides Flores

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

262.497.589

** 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: Flores Auto Repair

Address of taxpayer/applicant's business in Somerville: 6 Beachav

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

Taxpayer/applicant's phone: day: 617 666 8033 evening: _____

I, (print name) Allen Talewsly JAT Realty, 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 25 day of

April, 2012. Allen Talewsly
(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: _____

18586190 # _____ # 22 # _____

NOTES: 958

CLERK'S INITIALS: A ORIGINAL STAMP: 

RECEIVED
4-25-12



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: Alcides Flores
address: 6 Beach av
city: Somerville state: ma zip: 02143 phone # 617 666 8033

work site location (full address):

- ☐ 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 2 employees (full & part time) ☐ Other Auto Repair
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: Flores Auto Repair, Inc
address: 6 Beach av
city: Somerville state: ma phone #: 617 666 8033
insurance co. travellers policy # 5A446934 UB

- ☐ 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 Alcides Flores Date 4.25.12
Print name _____ Phone # _____

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

city or town: _____ permit/license # _____
☐ check if immediate response is required
contact person: _____ phone #: _____
(revised Sept. 2003)

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____