CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Garage License

ORIGINAL AUTO BODY AND MECHANIC, INC.
12 -16 JOY ST
SOMERVILLE MA 02143

License #: BL15-000642
File #: 15-527
Fee: 550

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: ORIGINAL AUTO BODY AND MECHANIC, INC. **Business Location:** 12 JOY ST **Business Phone:** 857-312-2153	yes
License Holder: ORIGINAL AUTO BODY AND MECHANIC, INC. 12 -16 JOY ST SOMERVILLE MA 02143	Yes
Mailing Address: ORIGINAL AUTO BODY AND MECHANIC, INC. 12 -16 JOY ST SOMERVILLE MA 02143	Yes
Business Type: Corporation VILMAR CAMPOS VILMAR CAMPOS VILMAR CAMPOS	Yes
FID: 450555602	Yes
Emergency Contact: KATIA MIRANDA **Phone:** 857-284-2481	Yes
Proposed Hours of Operation if outside standared hours: MO-FR 8AM-6PM, SA 8AM-2PM **# of Vehicles Kept Inside:** 8 **# of Vehicles Kept Outside:** 2 **Open to the public?** Yes **Mechanical repairs?** Yes **Autobody work?** Yes **Spray Painting?** Yes **Washing vehicles?** ~~No~~ **Charging money to store vehicles?** Yes **Storing unregistered vehicles?** No **Maintaining or operating a tow vehicle at this location?** No	yes

2015 APR -6 P 12:20
CITY CLERK'S OFFICE
SOMERVILLE, MA.

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: Vilmar Lunoka Campos Date: 4/6/15

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: VILMAR MIRANDA CAMPOS

Address of taxpayer/applicant's business in Somerville: 13 MILLBROOK COURT, WAKEFIELD, MASS 01880

Address of taxpayer/applicant's home in Somerville: 12 JOY ST

Taxpayer/applicant's phone: day: 857)312-2153 evening: SAME

I, (print name) VILMAR M. CAMPOS, 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 6 day of APRIL, 2015. Vilmar Miranda Campos
(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: ___
# _____	# 145020011	# 709	# _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** RECEIVED 4-6-15

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: ORIGINAL AUTO BODY and MECHANIC INC.

Address: 12-16 JOY ST

City: SOMERVILLE State: MA Zip: 02143 Phone #: (857) 312-2153

☑ I am an employer with 2 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INS.

Address: P.O BOX 1450, MIDDLEBORO, MASS 02344-1450

City: MIDDLEBORO State: MASS Zip: 02344 Phone #:

Policy #: IAUB-5691X37-8-15 Expiration Date: 02-18-16

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: _____ Date: _____

Print Name: VILMAR MIRANDA CAMPOS

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)