

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

MICHAEL ELLIS
6E BEACH AVENUE
SOMERVILLE MA 02143

LIC #: 2012-224
B.O.A.# 171745

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: 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: MIKE'S AUTO SERVICES TEL: 617-628-6314
Company Address: 00006 E BEACH AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: X Co: Corp: Trust: Agency Ship Gov't Partner
Other
Owner Name: MICHAEL ELLIS TEL: 617-361-8976
Owner Address: 6E BEACH AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 010640642

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 #: 2012-224
FEE: \$550.00

This is to certify: MICHAEL ELLIS
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/11/2002
Garage situated at: 00006 E BEACH AV
Doing business as : MIKE'S AUTO SERVICES
Shall not exceed: 5 Vehicles Inside & 1 Vehicles Outside, not public ways
in addition the following restrictions apply:
NO SPRAY PAINTING

2012 APR 26 A 9 27
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Check One: Owner Occupant Holder

Michael Ellis
Signature of Applicant
6 Beach Ave
Address
Somerville MA 02143
City State Zip

** Office Use Only **
Mailed
Taken ✓
Received: 4/26/12 - ms
\$550.00 ck# 3502
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:	<u>Mikes Auto Services</u>
Somerville Address and Zip Code:	<u>6 Beach Ave Somerville MA</u>
Phone Number of the Business:	<u>617-628 6314</u>

The Legal Name of the License Holder:	<u>MICHAEL ELLIS</u>
Street Address of the License Holder:	<u>45 JULIA STREET</u>
City, State and Zip Code of the License Holder:	<u>MALDEN MA 02148</u>
Phone Number of the License Holder:	<u>617-721-8558</u>
Email Address of the License Holder:	

Where We Should Send Mail: Name:	<u>MIKES AUTO SERVICE</u>
Street Address:	<u>6 BEACH AVENUE</u>
City, State and Zip Code:	<u>SOMERVILLE MA 02143</u>
Email:	
Phone Number:	<u>617-628-6314</u>

Federal ID # (Do Not Give a Social Security #):	<u>043472615</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>MIKE ELLIS 617-721-8558</u>
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Type of Business (Check Only One and Give the Names Indicated):
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: <u>MIKE ELLIS</u>
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input type="checkbox"/> 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: Michael Ellis Date 6/23/12

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.

Michael Ellis

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

010-64-0642

** 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: Michael ELLIS

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

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

Taxpayer/applicant's phone: day: 617 628 6314 evening: 617 721 8558

I, (print name) Michael ELLIS, 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 23 day of

April, 2012. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

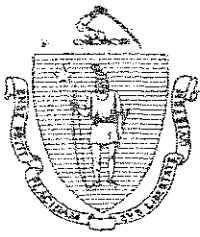
Real Estate Water/Sewer Personal Property Other: _____

18586190 # 12404502 # [scribble] # _____

NOTES: 953 24

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED
4-26-12



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: Mikes Auto Services

address: 6 Beach Avenue

city: Somerville state: MA zip: 02143 phone #: 617-628-6314

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.), Other
I am an employer with employees (full & part time). Other
I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city: phone #:

insurance co. policy #

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: Michael Elias Date: 04/23/12

Print name: Michael Elias Phone #: 617-628-6314

Official use only section with fields for city or town, permit/license #, contact person, phone #, and checkboxes for Building Department, Licensing Board, Selectmen's Office, Health Department, and Other.