



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

Application to Renew Garage License

WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L.
64 WEBSTER AVE
SOMERVILLE MA 02143

2015 MAR 26 P 2:14
CITY CLERK'S OFFICE
SOMERVILLE
License #: BL15-000780
File #: 15-662
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: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. Business Location: 64 WEBSTER AVE Business Phone: 617-666-8181	
License Holder: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. 64 WEBSTER AVE SOMERVILLE MA 02143	
Mailing Address: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. 64 WEBSTER AVE SOMERVILLE MA 02143	
Business Type: Corporation MELVIN SIEGAL WILLIAM SIEGAL JEROLD SIEGAL	
FID: 042319664	
Emergency Contact: WILLIAM SIEGAL Phone: 617-666-8181	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 25 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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: Jerold Siegel Date: 3-26-15



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Service Auto Body Inc
Address of taxpayer/applicant's business in Somerville: 64 Webster Ave
Address of taxpayer/applicant's home in Somerville: Somerville Ma 02143
Taxpayer/applicant's phone: day: 617 666 8181 evening: 617 594 9773

I, (print name) Jerald Siegel, 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: _____

16089 # 124072001 # 1281 # _____

NOTES:

CLERK'S INITIALS: _____

UR

ORIGINAL STAMP:



Barney
3-26-15

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: Service Auto Body Inc
Address: 69 Webster Ave
City: Somerville State: Ma Zip: 02143 Phone #:

- ☒ I am an employer with 12 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
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other repair shop

Workers' compensation insurance information (if applicable):

Insurance Company Name: AICC
Address: PO Box 1628
City: Springfield State: Ma Zip: 02143 Phone #: 800 688 7256
Policy #: WC 003019-15 Expiration Date: 1/1/16

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: [Signature] Date: 3-26-15

Print Name: Gerold Stege

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 _____