#### CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

ELIAS MIKHAEL 229 CARVE STREET	LIC #: 2011-237 B.O.A.# 180173		
ALLOWED USES - (CHOOSE ALL THAT	IEWAL CERTIFICATE FOR YOUR *** APPLY)		
Mechanical Repair: X Auto Body Washing Vehicles: Spray Pair ISSUED IN ACCORDANCE WITH THE APPLICATION This Certificate must be signed and for the content of the conte	Work: Parking or Storing Vehicles: operating a Tow Vehicle: ABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13 Filed with the required fee of \$500.00 not enclosed envelope. Sting any errors listed on our current four information, except for signature.  INC. TEL: 617-623-9615		
Owner Name: <u>ELIAS MIKHAEL</u> Owner Address: <u>229 CARVE STREET</u>	Gov't Partner st: Agency Ship Other TEL:		
Owner City: DEDHAM FID#: 019768603	State: MA Zip: 02026		
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 04/30/2011, please advise.			
***** HOURS OF OPERSTIONS ***** MONDAY-FRIDAY: 08:00 AM-06:00 PM SATURDAY: 08:00 AM-05:00 PM SUNDAY: CLOSED	Tohn J. Long		
OUR CURRENT INE GARAGE OPEN TO TH	City Clerk  CORMATION SHOWS  TORMATION SHOWS  TORMATION SHOWS		
This is to certify: ELIAS MIKHAEL has been licensed by the Mayor and th	FEE 2 \$500.00 ne Aldermen of the City of Sometville.		
Since 12/20/2005  Garage situated at: 00395 ALEWIFE BROOK PKWY  Doing business as: G.E.&M AUTO SERVICE, INC.  Shall not exceed: 3 Vehicles Inside & 14 Vehicles Outside, not on public ways			
in addition the following restrictions apply:  NO TOWING ALLOWED. BOA #180872-04/11/2006			
This renewal certificate must be signed by the holder of the license.  Check One: Owner X Occupant Holder Holder			
Signature of Applicant	** Office Use Only ** Mailed Taken		
Address	Received:		
Dedhan ma. 02026			
City State Zip	City Clerk		

### 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.

\* Signature of Individual or Corporate Name (Mandatory)

Elias Minhael

By: Corporate Officer (Mandator v. if a corporation)

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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/a	applicant's business:		Alewife Auto 395 Alewife Brook Pk
Address of taxpayer/appl	icant's business in Som	erville:	Somerville, MA 0214
Address of taxpayer/appl	icant's home in Somerv	ille:	
Taxpayer/applicant's pho	ne: day: <i>617-623-</i>	76/5 evening:	617-372-0648.
I, (print name) <i>E</i> hereby certify that all the	information contained aid or that the Taxpaye	herein is true and com	lersigned Taxpayer, do rect and all taxes and fees agreement to pay all taxes
SIGNED UNDER THE	PAINS AND PENALT	TES OF PERJURY,	this day of
	, 20		signature)
		(Taxpayer's	signature)
	CITY'S ACKNOW	VLEDGEMENT	
DATE OF ISSUANCE:	INCLUI	DES RELEVANT POSTINGS T	THROUGH:
TAXES AND ACCOUNT			
□ Real Estate # 19455/21	Water/Sewer #\\\Y\\\\Y\\\\	□ Personal Propert	y
NOTES:		<del>O 10.1.1</del>	π
CLERK'S INITIALS: _		ORIGINAL STAN	IP: A LAND



# 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: GE 3 M Auto	Service DBA Alrui	fe Automotive
A	Blook Parkway	
city Somerville	state: Mq. zip: 0214/4	phone # 617-623-961.
work site location (full address):		
I am a sole proprietor and have no one working in any capacity.	Business Type: Retail Restaurant/E	Bar/Eating Establishment
	Office Sales (including Reas (full & part time). Other	I Estate, Autos etc.)
	ompensation for my employees working on this	ioto
	Auto surce Inc.	
address: 10 British A	Accien BMD	
city: Lathen N	Y 612 110 phone #: 18	60 - 710 - 8877
insurance co. FASV Courties	1 Merchant Capulpolicy# 014	1 005032305111
I am a sole proprietor and have hired the	independent contractors listed below who have	the following workers'
compensation polices:		sensimina workers
company name:		
address:		
iiv:		
	phone#:	
isurance co.	policy#	
ompany name:		
ddress:		
ilys et a lange terminal described lange e	phone #:	
nsurance co.	policy#	
ttach additional sheet it necessary ailure to secure coverage as required under Section	25A of MGL 152 can lead to the imposition of crimina	I penaltics of a firm to the firm of a
	he form of a STOP WORK ORDER and a fine of \$100 e of Investigations of the DIA for coverage verification.	
	of perjury that the information provided above is to	
gnature Fay Mr	of perjury that the information provided above is to	rue and correct.
m	phone #	4.12.11
int name []. as    ///	Phone #	01 1- 043-1013
official use only do not write in this area to be	completed by city or town official	
city or town:	permit/license #	Building Department
check if immediate response is required		Licensing Board
contact person:	phone#;	Selectmen's Office Health Department
(revised Sept. 2003)		Other
	AN ORDER OF THE CONTROL OF THE CONTR	