



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.

G.E. & M Auto Service DBA Alwife Automotive  
\* Signature of Individual or Corporate Name (Mandatory)

Elias Michael  
By: Corporate Officer (Mandatory, if a corporation)

043-564-703  
\*\* 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**

**Alewife Auto  
395 Alewife Brook Pkw  
Somerville, MA 02144**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648

I, (print name) Elias Michael, 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 # 19655121
- Water/Sewer # 346064001
- Personal Property # 32011186
- Other: # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**RECEIVED**  
04-13-11



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: GE & M Auto Service DBA Alwife Automotive  
 address: 395 Alwife Brook Parkway  
 city: Somerville state: Ma. zip: 02144 phone #: 617-623-9615

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.  
 I am an employer with \_\_\_\_\_ employees (full & part time).  Office  Sales (including Real Estate, Autos etc.)  Other

I am an employer providing workers' compensation for my employees working on this job.

company name: GE & M Auto service Inc.  
 address: 10 British American BLVD  
 city: Latham NY 12110 phone #: 1800-710-8877  
 insurance co.: FIRST CAPITAL MA Retail policy #: 014005032305111

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: Elias Michiel Date: 4-12-11  
 Print name: Elias Michiel Phone #: 617-623-9615

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

city or town: \_\_\_\_\_ permit/license #: \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_  
 check if immediate response is required  
 contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)