



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

2016 APR 11 A 11:23

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Garage License

GE & M AUTO SERVICE INC.
395 ALEWIFE BROOK PKWY
SOMERVILLE MA 02144

License #: BL15-000856
File #: 15-25
Fee: 605

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: ALEWIFE AUTOMOTIVE Business Location: 395 ALEWIFE BROOK PKWY Business Phone: 617-623-9615	
License Holder: GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Mailing Address: GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Business Type: Corporation ELIAS MIKHAEL GEORGE MIKHAEL ELIAS MIKHAEL	
FID: 043564703	
Emergency Contact: GEORGE MIKHAEL Phone: 617-372-0648	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-5PM, SU CLOSED # of Vehicles Kept Inside: 3 # of Vehicles Kept Outside: 28 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No 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.



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: GE 3M Auto service INC. DBA Alewife Automotive

Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Parkway

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 11th day of April, 2016. [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: _____

337 # 346054001 # 2016 # _____

NOTES: UPB

CLERK'S INITIALS: _____ ORIGINAL STAMP: _____

received
(Baron)
4-11-16



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: GE & M Auto Service Inc. DBA Alewife Automotive
 Address: 395 Alewife Brook Parkway
 City/State/Zip: Somerville MA, 02144 Phone #: 617-623-9615

Are you an employer? Check the appropriate box:

1. I am an employer with 6 employees (full and/or part-time).*

2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]

3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**

4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail

6. Restaurant/Bar/Eating Establishment

7. Office and/or Sales (incl. real estate, auto, etc.)

8. Non-profit

9. Entertainment

10. Manufacturing

11. Health Care

12. Other Gas Station & Auto Repairs

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 **If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Travelers Ins.
 Insurer's Address: 1 Tower Sq.
 City/State/Zip: Hartford Ct, 06101
 Policy # or Self-ins. Lic. #: 56280509 Expiration Date: 11/4/16

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 4/1/16
 Phone #: 617-372-0648

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____