



2015 DEC 14 A 11: 34

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

PAST DUE

CITY CLERK'S OFFICE
 SOMERVILLE, MA

Application to Renew Garage License

COUNTY AUTO REPAIR, INC.
103 WASHINGTON ST.
SOMERVILLE MA 02143

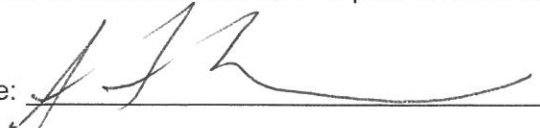
License #: BL15-001054
File #: 15-828
Fee: 550

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: COUNTY AUTO REPAIR, INC. Business Location: 103 WASHINGTON ST Business Phone: 617-628-3600	
License Holder: COUNTY AUTO REPAIR, INC. 103 WASHINGTON ST. SOMERVILLE MA 02143	
Mailing Address: COUNTY AUTO REPAIR, INC. 103 WASHINGTON ST. SOMERVILLE MA 02143	
Business Type: Corporation ANTONIO MARTINS ANTONIO MARTINS ANTONIO MARTINS	
FID: 202704235	
Emergency Contact: ANTONIO MARTINS Phone: 617-440-5646	
Proposed Hours of Operation if outside standard hours: MO-FR 9AM-5PM, SA 8AM-12PM # of Vehicles Kept Inside: 4 # 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? 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.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature:  Date: 12/14/15

Printed Name: ANTONIO MARTINS Phone: 012 953 8143



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: COUNTY AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 103 WASHINGTON ST

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

Taxpayer/applicant's phone: day: 617 953 8143 evening: _____

I, (print name) ANTONIO MARTINS, 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____. [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: _____
15913 # 109110001 # \$ 1234 # ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
12-14-15

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: COUNTY AUTO REPAIR
 Address: 103 WASHINGTON ST
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 953 8193

- I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: _____ Expiration Date: _____

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: 12/02/15
 Print Name: ANTONIO MARTINS

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

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____
 Contact Person: _____ Phone #: _____