

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

YEVGENIY DOBKIN/EXECUTIVE AUTO BODY  
320 RIDGE AVENUE #206  
CAMBRIDGE MA 02140

LIC #: 2011-171  
B.O.A.# 174712

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_ Auto Body Work: X Parking or Storing Vehicles: \_\_\_  
Washing Vehicles: \_\_\_ Spray Painting: X Operating a Tow Vehicle: \_\_\_

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$550- not  
later than April 30, 2011. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: C.C. & D. LTD.D/B/A EXECUTIVE AUTO BODY TEL: 617-576-1855  
Company Address: 00030 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Gov't Partner  
Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_  
Owner Name: YEVGENIY DOBKIN/EXECUTIVE AUTO BODY TEL: 781-241-7857  
Owner Address: 320 RIDGE AVENUE #206

Owner City: CAMBRIDGE State: MA Zip: 02140  
FID#: 582674700

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-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-171  
FEE: \$550.00

This is to certify: YEVGENIY DOBKIN/EXECUTIVE AUTO BODY  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 07/09/1992

Garage situated at: 00030 MEDFORD ST

Doing business as : C.C. &amp; D. LTD.D/B/A EXECUTIVE AUTO BODY

Shall not exceed: 13 Vehicles Inside

in addition the following restrictions apply:

NO BLOCKING OF THE SIDEWALK OR ANY PUBLIC WAY. INCLUDING SNOW REMOVAL  
PERIODS, PARK NO VEHICLES ALONG MEDFORD, BEDFORD, SOUTH STREETS.  
THAN 16 VEHICLES MUST ADHERE TO LEASE AGREEMENT.  
AMENDED PER 11/09/2006 BOA #182128 3 CARS REDUCED FROM GARAGE LICENSE  
FOR USED CAR LICENSE.

This renewal certificate must be signed by the holder of the license.  
Check One: Owner ✓ Occupant \_\_\_ Holder \_\_\_

Signature of Applicant

320 Ridge Ave #206

Address

Cambridge MA 02140  
City State Zip

\*\* Office Use Only \*\*

Mailed  
Taken

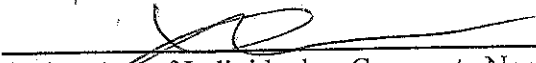
Received: \$550-1-19-12

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)

By: Corporate Officer (Mandatory, if a corporation)

582674700  
\*\* 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**

1. Exact name of taxpayer/applicant's business: C.C. & D. LTD dba Executive Auto Do
2. Address of taxpayer/applicant's business in Somerville: 30 Medford St.
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-576-1855 evening: \_\_\_\_\_

I, Yeremy Dobkin, 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 19<sup>th</sup> day of January, 20 12.  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

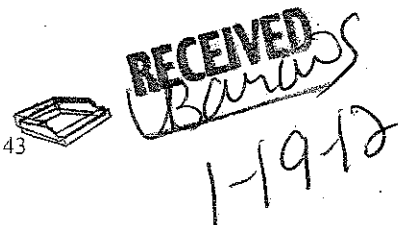
**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 124002021 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB ORIGINAL STAMP:





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: C.C. & D. LTD  
address: 30 Medford St.  
city: Somerville state: MA zip: 02143 phone # 617-576-1855

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  
☐ Office ☐ Sales (including Real Estate, Autos etc.)  
☒ I am an employer with 0 employees (full & part time). ☒ Other Auto Repair  
☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address: \_\_\_\_\_  
city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.

policy #

- ☐ 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 sheets 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: [Signature] Date: 1/21/12  
Print name: Eugene Dobkin Phone #: 617-576-1855

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

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

(revised Sept. 2003)