



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

2013 APR 29 A 10: 22

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

AUTOMOTIVE TRANSPORT SERVICE INC.
495 COLUMBIA ST
SOMERVILLE, MA 02143

License #: **602**
City # **G191**
Fee: **550.00**
Account ID: **490**
Reference #: **602**

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: For AUTOMOTIVE TRANSPORT SERVICE INC. Business Location: 495 COLUMBIA ST Business Phone: 617-623-9522	
License Holder: AUTOMOTIVE TRANSPORT SERVICE INC. 495 COLUMBIA ST SOMERVILLE, MA 02143 617-623-9522	
Mailing Address: AUTOMOTIVE TRANSPORT SERVICE INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JENNIFER SOUZA SECRETARY - JENNIFER SOUZA	
FID: 261201682	
Food Manager/Emergency Contact: ROBERT SOUZA 617-625-8697	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- | | |
|--------------------------|--------------------|
| 1 AUTO BODY WORK | 12 VEHICLES |
| 1 MECHANICAL REPAIRS | 12 VEHICLES INSIDE |
| 1 OPERATING TOW VEHICLES | 1 WASHING VEHICLES |

Description of Location and/or Other Conditions:
Originally Issued 1/29/1997. No Spray Painting.

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: *Jennifer Souza* Date: 4/26/13
Print Name: Jennifer Souza Phone: 617 623 - 9522

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: AUTOMOTIVE TRANSPORT SERVICE INC
495 COLUMBIA ST
Address: SOMERVILLE, MA 02143-4104
City: _____ State: _____ Zip: _____ Phone #: _____

- I am an employer with 1 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: LM Insurance Co
Address: 787367 9102
City: WRESTON State: MA Zip: 02493 Phone #: 1800-762-5021
Policy #: WC5 315 36 9660 - 073 Expiration Date: 2/18/14

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: 4/26/17
Print Name: Jim Souza

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 #: _____

(revised Jan. 2008)



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Robert Sora

Address of taxpayer/applicant's business in Somerville: 495 Blomfield St

Address of taxpayer/applicant's home in Somerville: 2 Flint St

Taxpayer/applicant's phone: day: 617 623 9522 evening: 617 625 8697

I, (print name) Robt Sora, 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 26 day of April, 2013.
[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: _____

3733 # 124077011 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **RECEIVED**
14-29-13