

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

A & E AUTO REPAIR, INC./ELAINE F. FERREIRA
27A CHELSEA STREET
EAST BOSTON MA 02128

LIC #: 2011-240
B.O.A.# 189777

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: \_\_\_ Parking or Storing Vehicles: X
Washing Vehicles: \_\_\_ Spray Painting: \_\_\_ 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 \$500.00 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: A & E AUTO REPAIR, INC. TEL: 781-350-8881
Company Address: 00013 JOY ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: \_\_\_ Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_
Gov't Partner

Owner Name: A & E AUTO REPAIR, INC./ELAINE F. FERREIRA TEL: 781-350-8881

Owner Address: 27A CHELSEA STREET

Owner City: EAST BOSTON State: MA Zip: 02128
FID#: 264377947

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 hours,

John Lon
City Clerk

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

LICENSE #: 2011-240
FEE: \$500.00

This is to certify: A & E AUTO REPAIR, INC./ELAINE F. FERREIRA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/06/2008

Garage situated at: 00013 JOY ST (MUNREG)

Doing business as : A & E AUTO REPAIR, INC.

Shall not exceed: 6 Vehicles Inside & 3 Vehicles Outside, not on public ways
in addition the following restrictions apply:

APPROVED W/CONDITIONS BOA #181037 4/27/2006. 1 TOW TRUCK ONLY FOR USE
IN THE BUSINESS.

3/5/2008 PER GEORGE LANDERS IT HAS BECOME A PART OF PAT'S ON LINWOOD ST.
AND THEY NO LONGER EXISTS. SEE ATTACHED E-MAIL

HOURS AMENDMENTED ON 5/14/2009 BOA #187326.

NEW OWNER BOA #189835, 6/24/2010. NO TOW TRUCK AND NEW HOURS

This renewal certificate must be signed by the holder of the license.

Check One: Owner [checked] Occupant \_\_\_ Holder \_\_\_

Signature of Applicant

13 joy st
Address

Somerville MA 021
City State Zip

\*\* Office Use Only \*\*

Mailed

Taken

Received: 4-28-11 \$500.00

Cash
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.

A and E Auto Repair

\* Signature of Individual or Corporate Name (Mandatory)

Eliane Ferreira

By: Corporate Officer (Mandatory, if a corporation)

27-4431119

\*\* 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**

Exact name of taxpayer/applicant's business: A and E Auto Repair

Address of taxpayer/applicant's business in Somerville: 13 joy st

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

Taxpayer/applicant's phone: day: 781 350 8881 evening: 781 350 8881

I, (print name) Eliane Ferreira, 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 28 day of

April, 2011. [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: \_\_\_\_\_

# 20663009      # 145074001      # No Acc      # \_\_\_\_\_

NOTES:

145056011      32011037

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
[Signature] 4-28-11



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: Eliane Flausino Ferreira  
 address: 27 Chelsea st #03  
 city: East Boston state: MA zip: 02128 phone # 781 350 8881

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 02 employees (full & part time).  Other Auto Repair  
 I am an employer providing workers' compensation for my employees working on this job.

company name: A and E Auto Repair  
 address: 13 joy st  
 city: Somerville MA 02143 phone #: 617 666 0713  
 insurance co. Granite State Insurance policy # WC-9947404

- 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 [Signature] Date 09/28/2001  
 Print name Eliane Flausino Ferreira Phone # 781 350 8881

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 #: \_\_\_\_\_

(revised Sept. 2003)

Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_