



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

APPLICATION TO RENEW GARAGE LICENSE

ABJ AUTO REPAIR INC
91 MARSHALL ST
SOMERVILLE, MA 02145

License #: 1090

Fee: 550.00

Account ID: 857

Reference #: 1090

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: ABJ AUTO REPAIR INC Business Location: 91 MARSHALL ST Business Phone: 617-625-6632	
License Holder: ABJ AUTO REPAIR INC 91 MARSHALL ST SOMERVILLE, MA 02145 617-625-6632	
Mailing Address: ABJ AUTO REPAIR INC 91 MARSHALL ST SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) SECRETARY - HUONG BUI TREASURER - HUONG BUI PRESIDENT - WENDELL GALLAGHER	
FID: 463745274	
Food Manager/Emergency Contact: WENDELL GALLAGHER 617-230-6775	

2014 FEB 28 A 10:55
CITY CLERK'S OFFICE
SOMERVILLE, MA

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-3PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS 27 VEHICLES OUTSIDE
1 STORING VEHICLES
3 VEHICLES INSIDE

Description of Location and/or Other Conditions:

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: H. Wendell Gallagher Date 2/28/14

Print Name: H. WENDELL GALLAGHER Phone 617-230-6775



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 91 MARSHALL ST.

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

Taxpayer/applicant's phone: day: 617-625-6632 evening: 230-6 617-230-6775

I, (print name) H. WENDELL GALLAGHER, 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 28th day of FEBRUARY, 2014. H. Wendell Gallagher
(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: _____

9722 # 14202604 # 762 # _____

NOTES:

CLERK'S INITIALS: NO

ORIGINAL STAMP:  **RECEIVED**
2/28/14

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: ABJ AUTO REPAIR INC
Address: 911 MARSHALL ST
City: SOMERVILLE State: MA Zip: 02145 Phone #:

- I am an employer with 8 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: MA RETAIL MERCHANT WC GROUP INC
Address: PO BOX 559 222-9222
City: BRAINTREE State: MA Zip: 01285 Phone #: 800-790-8877
Policy #: 001118259 Expiration Date: 1/01/2015

Applicant certification: 014005033444113

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: H. Wendell Gaudin Date: 2/28/14
Print Name: H. WENDELL GAUDIN

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other