



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

2016 APR 19 A 11:18

Application to Renew Garage License

CITY CLERK'S OFFICE
SOMERVILLE, MA

IDEAL ENGINE REBUILDERS, INC.
96 DOVER ST
SOMERVILLE MA 02144

License #: BL15-000605
File #: 15-494
Fee: 605

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: IDEAL AUTOMOTIVE SERVICES Business Location: 96 DOVER ST Business Phone: 617-623-7740	
License Holder: IDEAL ENGINE REBUILDERS, INC. 96 DOVER ST SOMERVILLE MA 02144	
Mailing Address: IDEAL ENGINE REBUILDERS, INC. 96 DOVER ST SOMERVILLE MA 02144	
Business Type: Corporation DENNIS SERRANO DENNIS SERRANO DENNIS SERRANO	
FID: 042282279	
Emergency Contact: DENNIS SERRANO Phone: 617-470-8384	
Proposed Hours of Operation if outside standard hours: M-F 7:30A-5:30P # of Vehicles Kept Inside: 20 # of Vehicles Kept Outside: 20 Open to the public? Yes Mechanical repairs? Yes Autobody work? Yes 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.



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: Ideal Engine Builders Inc

Address of taxpayer/applicant's business in Somerville: 96 Dover St

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

Taxpayer/applicant's phone: day: 617-666-3737 evening: _____

I, (print name) Ideal Engine Builders Inc, 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 29 day of

March, 20 16. [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: _____
4804 # 322078001 # _____ # _____

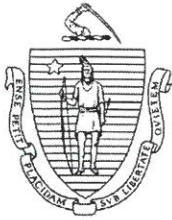
NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

UB
4-19-16



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Ideal Engine Rebuilders Inc.

Address: 96 Dover st

City/State/Zip: Somerville MA. Phone #: 617-666-3737

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 5 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Auto Repair Shop

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Associated Employers Inc. Co.

Insurer's Address: 54 Third Ave Burlington MA.

City/State/Zip: Burlington MA 01803

Policy # or Self-ins. Lic. # WCC-500-500569-2015A Expiration Date: 12/25/16

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 3/28/16

Phone #: 617-666-3737

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____