



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

**Application to Renew Garage License**

**HERBERT CHAMBERS I-93, INC.**  
**259 MCGRATH HWY**  
**SOMERVILLE MA 02143**

**License #:** BL15-000707  
**File #:** 15-589  
**Fee:** 550

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)
<b>Business/DBA Name:</b> HERBERT CHAMBERS I-93, INC. <b>Business Location:</b> 71 LINWOOD ST <b>Business Phone:</b> 617-666-4100	<i>Herb Chambers I 93 Inc</i>
<b>License Holder:</b> HERBERT CHAMBERS I-93, INC. 259 MCGRATH HWY SOMERVILLE MA 02143	
<b>Mailing Address:</b> HERBERT CHAMBERS I-93, INC. 259 MCGRATH HWY SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation HERBERT CHAMBERS HERBERT CHAMBERS JAMES DUCHESNEAU	
<b>FID:</b> 061335996	
<b>Emergency Contact:</b> JEFF DAVIS <b>Phone:</b>	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 9 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> No <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> Yes <b>Charging money to store vehicles?</b> Yes <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	CITY CLERK'S OFFICE SOMERVILLE, MA 2015 APR -6 P 1:31

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: *Herb Chambers* Date: *4/6/15*

Printed Name: *Herbert Chambers* Phone: *617-666-4100*



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Herb Chambers I 92 Inc

Address of taxpayer/applicant's business in Somerville: 259 Mc. Grath Hill

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

Taxpayer/applicant's phone: day: (617) 660-4150 evening: \_\_\_\_\_

I, (print name) Herbert Chambers, 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 6th day of April, 2015. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 4-6-15 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

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

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

# 9850      # 145051001      # 772      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: JJK

ORIGINAL STAMP: 4-6-15 [Signature]

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

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: Herb Chambers I-93 Inc  
 Address: 255 W/C Cruth Highway  
 City: Somerville State: MA Zip: 02143 Phone #: 617-646-4110

- I am an employer with 110 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: USI Travelers Ins  
 Address: PO Box 1450  
 City: Middleboro State: MA Zip: 02744 Phone #: 800-832-7879  
 Policy #: TCZKUD1015254914 Expiration Date: 09/30/15

**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: 4/6/15  
 Print Name: Herb Chambers

*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 \_\_\_\_\_

(revised Jan. 2008)