



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

Application to Renew Garage License

2015 APR -9 P 2:38

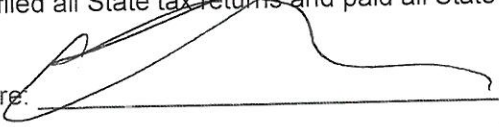
VALENTINO, EDMILSON A.
483 SOMERVILLE AVE
SOMERVILLE MA 02143

CITY CLERK'S OFFICE
 License #: BL15-000757
 File #: 15-640
 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)
Business/DBA Name: VALENTINO, EDMILSON A. Business Location: 483 SOMERVILLE AVE Business Phone: 617-629-0058	
License Holder: VALENTINO, EDMILSON A. 483 SOMERVILLE AVE SOMERVILLE MA 02143	
Mailing Address: VALENTINO, EDMILSON A. 483 SOMERVILLE AVE SOMERVILLE MA 02143	
Business Type: Sole Proprietor EDMILSON VALENTINO	
FID: 264737682	
Emergency Contact: LUCIANA VALENTINO Phone: 781-632-2484	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 10 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes 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.
 -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:  Date: 03-30-15

Printed Name: Edmilson Valentino Phone: 781-953-0302



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

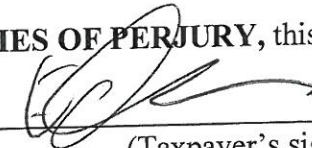
Exact name of taxpayer/applicant's business: Edmilson Alves Valentino

Address of taxpayer/applicant's business in Somerville: 483 Somerville Ave.

Address of taxpayer/applicant's home in Somerville: 30 Pleasant St.

Taxpayer/applicant's phone: day: 617-629-0058 evening: 781-953-0302

I, (print name) Edmilson Alves Valentino, 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 30 day of March, 20 15. 
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

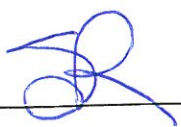
DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

13740 # 249029001 # 1145 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:



**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: BBC Auto Repair
 Address: 483 Somerville Ave.
 City: Somerville State: MA Zip: 02143 Phone #: 617-629-0058

- I am an employer with _____ 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 Auto Repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
 Address: Dover, NH 03821-9090 P.O. Box 9090
 City: Dover State: NH Zip: 03821 Phone #: 800-653-7893
 Policy #: WCS-319-375916-025 Expiration Date: 02-11-16

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: 03-30-15

Print Name: Edmilson Valentinio

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 _____