

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

SOUHAIL BERBARA
565 PLEASANT STREET
NORWOOD

MA 02062

LIC #: 2010-256

B.O.A.# 186865

*** 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, 2010. 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: SIMON'S AUTO SERVICE TEL: 617-628-8383
Company Address: 00166 BOSTON AV

City: SOMERVILLE State: MA Zip: 02144

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

Owner Name: SOUHAIL BERBARA

TEL:

Owner Address: 565 PLEASANT STREET

Owner City: NORWOOD

State: MA

Zip: 02062

FID#: 445105632

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-256

FEE: \$500.00

This is to certify: SOUHAIL BERBARA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 03/31/2009

Garage situated at: 00166 BOSTON AV

Doing business as : SIMON'S AUTO SERVICE

Shall not exceed: 2 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:

TWO BAY GARAGE

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

Check One: Owner ✓ Occupant Holder

SOUHAIL BERBARA

Signature of Applicant

565 PLEASANT ST.

Address

NORWOOD MA 02062

City

State

Zip

** Office Use Only **

MAILED
TAKEN

Received:

City Clerk

2010 MAY -3 A 10 59
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

SOUHAIL BERBARA

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** 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

1. Exact name of taxpayer/applicant's business: Simon's Auto Service
2. Address of taxpayer/applicant's business in Somerville: 166 Boston Ave
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-628-8383 evening: _____

I, SOUHAIL BERBARI, 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 APRIL, 2010.
[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: _____

14494123 # _____ # 05810007 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [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: SIMON'S AUTO SERVICE
Address: 166 BOSTON AVE
City: SONERVILLE State: MA Zip: 02144 Phone #: 617-6288383

- ☐ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: ASSOCIATED INDUSTRIES OF MASSACHUSETTS
Address: _____
City: BURLINGTON State: MA Zip: _____ Phone #: 800-876 2765
Policy #: AWC 7016 2200 12010 Expiration Date: 01-06-2011

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: 4-30-2010
Print Name: SOUMAIL BERBARA

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 _____

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE**

**Associated Industries of Massachusetts Mutual Insurance Company
Burlington, Massachusetts
(800) 876-2765**

NCCI NO 26158

POLICY NO. AWC 7016220012010
PRIOR NO. AWC 7016220012009

ITEM

1. The Insured Souhail Barbara dba Simon's Auto Service

Mailing Address: 166 Boston Avenue Somerville MA 02144
(No. Street Town or City County State Zip Code)

☒ Individual ☐ Partnership ☐ Corporation ☐ Other FEIN 03-0680042

Other workplaces not shown above:

2. The policy period is from 01/06/2010 to 01/06/2011 12:01 a.m. standard time at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here;
MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

The limits of our liability under Part Two are: Bodily Injury by Accident \$ 100,000 each accident
Bodily Injury by Disease \$ 500,000 policy limit
Bodily Injury by Disease \$ 100,000 each employee

C. Other States Insurance: Coverage Replaced By Endorsement WC 20 03 06A

D. This policy includes these endorsements and schedules: SEE SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating plans.
All information required below is subject to verification and change by audit.

| Classifications | | Premium Basis | | Rates | |
|-----------------|----------|-------------------------------------|---------------------------|--------------------------|--|
| | Code No. | Estimated Total Annual Remuneration | Per \$100 of Remuneration | Estimated Annual Premium | |
| INTRA 322351 | | SEE EXTENSION OF INFORMATION PAGE | | | |

Minimum premium \$ 266.00 Total Estimated Annual Premium \$ 266.00

As indicated, interim adjustments of premium shall be made:

Deposit Premium \$ 266.00

☒ Annually ☐ Semi Annually ☐ Quarterly ☐ Monthly

MA Assessment Chg.

\$87.00 x 7.2000% \$0.00

This policy, including all endorsements, is hereby countersigned by _____



12/10/2009

Authorized Signature

Date

| GOV STATE | GOV CLASS | KIND AUDIT | PLACING OFFICE | CLAIM OFFICE | NAME CHECK | SAFETY GROUP |
|-----------|-----------|------------|----------------|--------------|------------|--------------|
| MA | 8380 | 2 | 701 | | | |

WC 00 00 01 A (11-88)

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Nicholas A Consoles Insurance
Agency Inc
153 Andover Street Suite 208
Danvers, MA 01923