



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

Application to Renew Garage License

MIARIS, ELEFTERIOS
68 JOY ST
SOMERVILLE MA 02143

License #: BL15-000957
File #: 15-755
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: MIARIS, ELEFTERIOS Business Location: 68 JOY ST Business Phone: 617-625-4642 | |
| License Holder: MIARIS, ELEFTERIOS 68 JOY ST SOMERVILLE MA 02143 | |
| Mailing Address: MIARIS, ELEFTERIOS 68 JOY ST SOMERVILLE MA 02143 | |
| Business Type: Sole Proprietor ELEFTERIOS MIARIS | |
| FID: 030582626 | |
| Emergency Contact: TEDDY MIARIS Phone: 781-935-0308 | |
| 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? 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.

-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: 6-2-15

Printed Name: ELEFTHERIOS MIARIS Phone: 617 625 4642



2015 JUN -2 P 12:00

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 68 JOY ST

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

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name), 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 _____ day of _____, 20_____.
(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: _____

8496 # 145025001 # 718 # _____
145025011

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [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: ELEFTHERIS MIAOULIS
Address: 65 WILLOW STREET
City: WOBURN State: MA Zip: 01801 Phone #: 781 935 0308

- I am an employer with _____ employees Business Type: Retail
 (full and/or part time). Restaurant/Bar/Eating Establishment
 I am a sole proprietor or partnership and have no employees. None Office and/or Sales (real estate, auto, etc.)
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Nonprofit
 We are a nonprofit organization staffed by volunteers and have no employees. Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: 6-2-15
Print Name: ELEFTHERIS MIAOULIS

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 _____