



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW GARAGE LICENSE

**ILANA INC
30 MEDFORD ST
SOMERVILLE, MA 02143**

License #: **1042**

Fee: **550.00**

Account ID: **819**

Reference #: **1042**

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: EXECUTIVE AUTO BODY Business Location: 30 MEDFORD ST Business Phone: 617-576-1855	
License Holder: ILANA INC 30 MEDFORD ST SOMERVILLE, MA 02143 617-576-1855	
Mailing Address: ILANA INC 30 MEDFORD ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ERIK MATAEV TREASURER - ERIK MATAEV SECRETARY - ERIK MATAEV	
FID: 455197289	
Food Manager/Emergency Contact: ERIK MATAEV 617-610-7321	

**2014 MAR 10 P 12:48
CITY CLERK'S OFFICE
SOMERVILLE, MA**

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

- | | |
|-----------------------------|---------------------------|
| 1 AUTO BODY WORK | 13 VEHICLES INSIDE |
| 1 MECHANICAL REPAIRS | 1 WASHING VEHICLES |
| 1 SPRAY PAINTING | |

Description of Location and/or Other Conditions:

No Operating Tow Vehicles.

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 **3-5-14**

Print Name: **ERIK MATAEV** Phone **617-576-1855**



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ILANA INC. D.B.A EXECUTIVE AUTO BODY

Address of taxpayer/applicant's business in Somerville: 30 MBOFORD ST SOMERVILLE, MA 02143

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

Taxpayer/applicant's phone: day: 617-576-1855 evening: 617-610-7321

I, (print name) ERIK MATAEV, 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 MARK day of 5, 20 14. Erik Mataev
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3/11/14 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # 12400001 # 811 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 3-11-14

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: ILANA LLC D.B.A EXECUTIVE AUTO BODY
Address: 30 MEDFORD ST
City: SOMERVILLE State: MA Zip: 02148 Phone #: 617-576-1855

- I am an employer with 2 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other AUTO BODY

Workers' compensation insurance information (if applicable):

Insurance Company Name: MAW STREET AMERICA ASSURANCE COMPANY
Address: 545 CONCORD AVENUE
City: CAMBRIDGE State: MA Zip: 02138 Phone #: 617-354-4640
Policy #: 200786 Expiration Date: 5-14-2014

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: 3-5-14

Print Name: ERIK MATWIEK

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 _____