



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

**APPLICATION TO RENEW GARAGE LICENSE**

**J&E AUTO BODY, INC.**  
9 HAWKINS ST  
SOMERVILLE, MA 02143

License #: 931  
City #G221  
Fee: 550.00  
Account ID: 521  
Reference #: 931

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: <b>J&amp;E AUTO BODY, INC.</b> Business Location: <b>9 HAWKINS ST</b> Business Phone: <b>617-623-6790</b>	
License Holder: <b>J&amp;E AUTO BODY, INC.</b> <b>9 HAWKINS ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-623-6790</b>	
Mailing Address: <b>J&amp;E AUTO BODY, INC.</b> <b>9 HAWKINS ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - EDDIE GIRON</b> <b>SECRETARY - EDDIE GIRON</b> <b>TREASURER - EDDIE GIRON</b>	
FID: <b>043397754</b>	
Food Manager/Emergency Contact: <b>EDDIE GIRON</b> <b>617-699-7593</b>	

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  | 4 VEHICLES OUTSIDE |
| 1 SPRAY PAINTING  |                    |
| 2 VEHICLES INSIDE |                    |

Description of Location and/or Other Conditions:

**Originally Issued 12/14/2000. No Mechanical Repairs. No Washing Vehicles. 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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*Eddie Giron*  
**Eddie GIRON**

**3-5-2014**

**617-623-6790**



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: J & E AUTO BODY

Address of taxpayer/applicant's business in Somerville: 9 Hawkins St.

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

Taxpayer/applicant's phone: day: 617-623-6790 evening: \_\_\_\_\_

I, (print name) Eddie Girou, 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 13 day of MARCH, 2014. [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: \_\_\_\_\_

# 943      # 233023011      # 512      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:





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: J & E AUTO BODY  
Address: 9 HAWKINS ST  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-6236790

I am an employer with 3 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INS  
Address: POB 2927  
City: HARTFORD State: CT Zip: 06104 Phone #: 1800 842 4271  
Policy #: UB-3C 841524 Expiration Date: FEB 2015

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: MAR-5-2014  
Print Name: Eddie Gannon

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