

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

2013 APR 16 P 1. 01

CITY CLERK'S OFFICE SOMERVILLE, MA

APPLICATION TO RENEW GARAGE LICENSE

License #:

724 City #G59

A B J FOREIGN AUTO SUPPLY, INC. A B J AUTO REPAIR 91 MARSHALL ST

SOMERVILLE, MA 02145

Fee:

550.00

Account ID:

606

Reference #:

724

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: For A B J AUTÓ REPAIR Business Location: 91 MARSHALL ST Business Phone: 617-625-6632	
License Holder A B J FOREIGN AUTO SUPPLY, INC. A B J AUTO REPAIR 91 MARSHALL ST SOMERVILLE, MA 02145 617-625-6632	
Mailing Address: A B J FOREIGN AUTO SUPPLY, INC. 91 MARSHALL ST SOMERVILLE, MA 02145	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ALBERT RISKALLA SECRETARY - ALBERT RISKALLA	
FID: 042645130	
Food Manager Emergency Contact: ALBERT RISKALLA SR. 781-329-0385	
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Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: MO-FR BAM-6PM, SA 8AM-5PM

OPEN TO THE PUBLIC

MECHANICAL REPAIRS

27 VEHICLES OUTSIDE

VEHICLES

VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 10/22/1981, Customers Can Pick Up Vehicles Until 7:00PM Monday-Friday, Workers Can'T Work On Personal Vehicles After Hours, No Parking On Public Ways, No Auto Body. No Spray Painting. 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 accurateAny changes above are subject to the approval of the BOARD OF ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business.				
Signature: alt & Rukoll	Date 4/12/13			
Print Name: ALBERT OF RISKALLA SR	Phone 617-675-6632			

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HPR-11-2013 15:45 FROM: ROSE-ABJ



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

Workers' Compensation Insurance Affidavit- General Business

Applicant juformation;			
Name: A B J FOREICN AUTO SUPPLY, Inc.			
Address: 91 Marshall St.			
City: Somerville State: MA Zip: 02145 Phone #: 617 625 6632			
I am an simployer with employees Business Type: (full and for 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 comprosit organization staffed by volunteers and have no employees. Business Type: Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprosit Entertainment Manufacturing Health Care Other			
Workers' compensation insurance information (if applicable):			
Insurance Company Name: Cove Risk Services, Inc./ Mass. Retail Merchants			
Address: 35 Braintree Hill Office Park			
City Braintres, MA State: MA Zip: 02185 Phone#:			
Policy #: 014001000201113 Expiration Date: 1/01/14			
Applicant dertification:			
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penaltics of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penaltics 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 heroby thertify under the pains and penalties of perjury that the information provided above is true and correct.			
Signature:A B J FOREIGN AUTO SUPPLY, Inc. By:Date:Date:Date:			
Print Name: Albert G. Riskalla. Sr., Pres.			
Description of Superior of Superior Superior of Superior			
Official use only. Do not write in this area. To be completed by city or town official. City or Town: Permit/License #: Board of Health Huilding Department City/Town Clerk Licensing Board Selectmen's Office Other Other Other Other			
Contact Person! FRUILE #:			

(revised Jan. 2008)

180-3503-402/1/-





City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/appli	icant's business: A H J FOREIGN AUTO SUPPLY,	Inc.	
	t's business in Somerville: 91 MARSHALL ST.		
Address of taxpayer/applican	t's home in Somerville:	ablahiik dan biraning M. Iyu f	
Taxpayer/applicant's phone:	day: 617 525 6632 evening: 781 329 03	85	
I, (print name) Albert G. hereby certify that all the infidue the City have been paid and fees and is current on sai	Riskallar Sr., the undersigned Tornation contained herein is true and correct and all to or that the Taxpayer has entered into an agreement to dagreement.	axpayer, do axes and fees pay all taxes	
SIGNED UNDER THE PA	INS AND PENALTIES OF PERJURY, this 4/	day of	
Apr11	, 20 13 . (Taxpayer's signature)	_ h	
C	ITY'S ACKNOWLEDGEMENT		
DATE OF ISSUANCE:	INCLUDES RELEVANT POSTINGS THROUGH:	And the first of the same of t	
TAXIS AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:			
☐ Real Estate	□ Water/Scwer □ Personal Property □	Other:	
# 960	# 1420aGOI 754 #		
NOTES: CLERK'S INITIALS:	ORIGINAL STANDERS on the three	day of Opport , before me, Notary Public, personally appeared Opportunities and the court of identification,	
	to be the person	whose name is signed on the preceding or on, and acknowledged that he/she signed it is estated purpose. Laura concerning	

SOMERVILLE CITY HALL * 93 HIGHLAND AVENUE * SOMERVILLE MASSACHUSETTS 02 L (617) 625-6600 Ext. 3500 * TTY: (866) 808-4851 * FAX: (617) 666-9682 WWW.SUMBRVILLEMA.GOV Notary Public
Commonwealth of Massachusetts
My Commission Expires
August 18, 2017