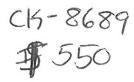


GREEN AUTOMOTIVE INC

600 WINDSOR PLACE SOMERVILLE, MA 02143

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600



APPLICATION TO RENEW GARAGE LICENSE

License #:

782

City #G210

Fee:

550.00

Account ID:

664

Reference #:

782

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: GREEN AUTOMOTIVE INC Business Location: 600 WINDSOR PL Business Phone: 617-628-1081	
License Holder: GREEN AUTOMOTIVE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143 617-628-1081	201 C11 201 301
Mailing Address: GREEN AUTOMOTIVE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	SUMERAUS TIME TO THE STATE OF T
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	S OFFICE
FID: 042660924	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

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 MECHANICAL REPAIRS

90 VEHICLES

1 STORING VEHICLES

50 VEHICLES INSIDE

1 OPERATING TOW VEHICLES

40 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 3/12/1998. No Auto Body. No Spray Painting. No Washing 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 A	
-I have filed all State tax returns and paid all State taxes required by	law for this business.
Signature:	Date
Print Name:	Phone



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING				
Exact name of taxpayer/ap	plicant's business:	Green lutor	notire Inc	
Address of taxpayer/applic	ant's business in Somer	ville: 600 WM	1301 11	
Address of taxpayer/applicant's phone I, (print name) hereby certify that all the due the City have been parand fees and is current on a SIGNED UNDER THE I	e: day: 61767816 he: day: 61767	e:	ned Taxpayer, do all taxes and fees ment to pay all taxes	
	CITY'S ACKNOW			
DATE OF ISSUANCE: _			JGH:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
☐ Real Estate	☐ Water/Sewer	☐ Personal Property	☐ Other:	
# 164U8	#14607011	# (346	#	
NOTES: CLERK'S INITIALS: _	UB_	ORIGINAL STAMP:	RECEIVED	
			6-4-13	

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: Green automotive Inc		
Address: 600 Win a SOV PI		
City: JOMUNU State: Mr Zip: 07/43 Phone #: 6/1678/08		
I am an employer with 30 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 Other		
Workers' compensation insurance information (if applicable):		
Insurance Company Name: UtiCh NUTION INS WOULD		
Address: 180 Genesee St		
City: NCP Hart Holl State: NY Zip: 13413 Phone #: 6174643777		
Policy #: 4 4 8 9 8 4 3 Expiration Date: 1/13/14		
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:		
Print Name:		
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 Building Department		
City/Town Clerk Licensing Board Selectmen's Office Contact Person: Phone #: Other		

(revised Jan. 2008)