



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

CK-8689
\$ 550

APPLICATION TO RENEW GARAGE LICENSE

GREEN AUTOMOTIVE INC
600 WINDSOR PLACE
SOMERVILLE, MA 02143

License #: 782
City #G210
Fee: 550.00
Account ID: 664
Reference #: 782

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: 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	
Mailing Address: GREEN AUTOMOTIVE INC 600 WINDSOR PLACE SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) SECRETARY - CHERYL HORAN PRESIDENT - GERALD CHAILLE TREASURER - GERALD CHAILLE	
FID: 042660924	
Food Manager/Emergency Contact: CHERYL HORAN 978-273-3777	

2013 JUN -4 P 3:15
 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 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 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: Cheryl Horan Date: 5/31/13
 Print Name: Cheryl Horan Phone: 617 628 1081



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Green Automotive, Inc.

Address of taxpayer/applicant's business in Somerville: 600 Windsor Pl

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

Taxpayer/applicant's phone: day: 617 628 1081 evening: 978 273 3777

I, (print name) Charles Horn, 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 3rd day of May, 20 13. [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: _____

16448 # 146007011 # 1347
1346 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB
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 Windsor Pl
City: Somerville State: MA Zip: 02143 Phone #: 6176791081
 I am an employer with 30 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica National Ins Group
Address: 180 Genesee St
City: New Hartford State: NY Zip: 13413 Phone #: 6174043777
Policy #: 4489843 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: [Signature] Date: 5/31/13
Print Name: Cheryl Horan

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 _____