

CITY OF SOMERVILLE
MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MELVIN H SIEGEL/LAWRENCE L.SIEGEL
34 SADDLE CLUB ROAD
LEXINGTON MA 02420

LIC #: 2012-182
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: X
Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. SIE TEL: 617-666-8181
Company Address: 00064 WEBSTER AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Gov't Partner
Individual: Co: X Corp: Trust: Agency Ship Other
Owner Name: MELVIN H SIEGEL/LAWRENCE L.SIEGEL TEL: 617-666-8181
Owner Address: 34 SADDLE CLUB ROAD

Owner City: LEXINGTON State: MA Zip: 02420
FID#: 042319664

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. [Signature]
City Clerk

CITY OF SOMERVILLE
CITY CLERK'S OFFICE
2012 NOV - 8 3:15

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-182
FEE: \$550.00

This is to certify: MELVIN H SIEGEL/LAWRENCE L.SIEGEL
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1993

Garage situated at: 00064 WEBSTER AV
Doing business as : WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. SIEGEL
Shall not exceed: 25 Vehicles Inside

in addition the following restrictions apply:

1. PETITIONER WILL CLEAN AND MAINTAIN LOT ABUTTING BEACH STREET-DIRECTLY ACROSS THE STREET. 2. PETITIONER WILL NOT STORE/REPAIR VEHICLES ON NORFOLK, WEBSTER OR COLUMBIA STREETS. NUMBER OF VEHICLES AMENDED ON 08/11/2005 BOA #178713 FROM 11 CARS TO 25 MAX. NO SPRAY PAINTING

This renewal certificate must be signed by the holder of the license.
Check One: Owner ✓ Occupant Holder

[Signature]
Signature of Applicant

Address

City State Zip

** Office Use Only **
Mailed
Taken

Received: 11-8-2012
CK 22911 \$550-
City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Service Auto Body Inc D/B/A Webster Auto Bd
Somerville Address and Zip Code: 609 Webster Ave Somerville Ma 02143
Phone Number of the Business: 617 666 8181

The Legal Name of the License Holder: Melvin H. Siegel / Lawrence T. Siegel
Street Address of the License Holder: 34 Saddle Club Rd
City, State and Zip Code of the License Holder: Lexington Ma 02420
Phone Number of the License Holder: 617 666 8181
Email Address of the License Holder: _____

Where We Should Send Mail: Name: Webster Auto Body
Street Address: 609 Webster Ave
City, State and Zip Code: Somerville Ma 02143
Email: _____
Phone Number: 617 666 8181

Federal ID # (Do Not Give a Social Security #): 042-319664

Emergency Contact and Phone (For Fire Dept. Use): 617 594 9773

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
 Trust: Names of All Trustees Who Own More Than 10%: _____
 Corporation (inc. LLC): Name of President: _____
Name of Secretary: _____
Name of Treasurer: _____
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Melvin H. Siegel Date _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

X Samuel M. Seegel

By: Corporate Officer (Mandatory, if a corporation)

042-319604

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Webster Auto Body

Address of taxpayer/applicant's business in Somerville: 64 Webster Ave Somerville

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

Taxpayer/applicant's phone: day: 617 666 8181 evening: _____

I, (print name) Melvin Siegel, 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 _____ day of _____, 2010. Melvin Siegel
(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: _____
15832 # _____ # 1340 # _____

NOTES:

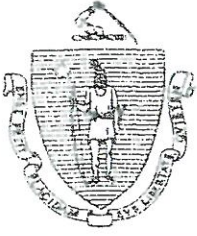
CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED

11-8-10



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Webster Auto Body
 address: 64 Webster Ave
 city: Somerville state: Ma zip: 02143 phone # 617 666 8181

work site location (full address):
 I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with 12 employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: AWAC
 address: PO Box 1528
 city: Springfield Ma phone #: 800 688 7256
 insurance co. policy # W0003019-11

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:
 address:
 city: phone #:
 insurance co. policy #

company name:
 address:
 city: phone #:
 insurance co. policy #

Attach additional sheet if necessary
 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: Melvin Siegel Date: _____
 Print name: Melvin Siegel Phone #: 617 666 8181

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)