

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600 CH# 23403

APPLICATION TO RENEW GARAGE LICENSE

License #:

780

WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L.

64 WEBSTER AVE

SOMERVILLE, MA 02143

Fee:

City #G182 550.00

Account ID:

662

Reference #:

780

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: For WEBSTER AUTO BODY Business Location: 64 WEBSTER AVE Business Phone: 617-666-8181			
License Holder: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. 64 WEBSTER AVE SOMERVILLE, MA 02143 617-666-8181	2017 JUL 2 CITY CLE SOMER		
Mailing Address: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. SOMERVILLE, MA 02143	b A I		
Business Type: CORPORATION (INC. LLC)	O O O O O O O O O O O O O O O O O O O		
FID: 042319664			
Food Manager/Emergency Contact:			

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

25 VEHICLES INSIDE

1 STORING VEHICLES

25 VEHICLES

Description of Location and/or Other Conditions:

Originally Issued 12/9/1993, Petitioner Must Clean And Maintain Lot Abutting Beach Street Directly Across The Street. No Storing/Repairing Vehicles On Norfolk, Webster Or Columbia Streets. 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 accurate.	
-Any changes above are subject to the approval of the BOARD OF Al	LDERMEN.
 I have filed all State tax returns and paid all State taxes required by I 	aw for this business.
Signature: Melin H. Siciol	Date (2013)
Orginature. The thirty of the state of the s	Date Cape
Print Name: Mehin A. Gregel	Phone 6 17 6 66-8 181

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: Service Auto Boole / Inc				
Address: 69 Webster Aul				
City: Sancrville State: Ma zip: Ca143 Phone #: 617 (alolo 818)				
I am an employer with 10 employees (full and/or part time). I am a sole proprietor or partnership and have no employees. 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 Advanctive Body repoir Sh				
Workers' compensation insurance information (if applicable):				
Insurance Company Name: Automotive Industries ComporBation Corporation				
Address: PO Box 1528				
City: Springfield State: Ma zip: 01/01 Phone #: 800-688-7836				
Policy #: WC 003019-13 Expiration Date: 12/31/13				
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 penaltics of perjury that the information provided above is true and correct.				
Signature:				
Print Name: Melvin Siecel				
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)



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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Exact name of taxpayer/applicant's business: Service Auto Body In C				
Address of taxpayer/applicant's business in Somerville: 69 Webster Avl Somerville				
Address of taxpayer/applicant's home in Somerville:				
Taxpayer/applicant's phone: day: 67 666-818 evening:				
I, (print name), 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 4-9-13 day of				
apr 11	, 203	My Down - Stogged (Taxpayer's signa	()	
(Taxpayer's signature)				
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: _	INCLUDE	ES RELEVANT POSTINGS THROU	GH:	
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:	
# 15834	# 12407200	13424	#	
NOTES: CLERK'S INITIALS:	M	ORIGINAL STAMP:	RECEIVED S Concos	