

\$500

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

UNITED AUTO REPAIR
64 JOY STREET
SOMERVILLE

MA 02143-0001

LIC #: 2010-168
B.O.A.# 186254

*** 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 \$500.00 not
later than April 30, 2010. 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: UNITED AUTO REPAIR TEL: 617-771-2649
Company Address: 00064 -00068 JOY ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: Corp: Trust: Agency Ship X Other
Owner Name: UNITED AUTO REPAIR TEL: 617-771-2649
Owner Address: 64 JOY STREET

Owner City: SOMERVILLE State: MA Zip: 02143-0001
FID#: 800243191

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 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-07:00 PM
SATURDAY: 08:00 AM-07:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2010-168
FEE: \$500.00

This is to certify: UNITED AUTO REPAIR
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 04/23/1992
Garage situated at: 00064 -00068 JOY ST
Doing business as : UNITED AUTO REPAIR
Shall not exceed: 6 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NO VEHICLES PARKED ON STREET. NO SPRAY PAINTING
8/31/2007 AS PER GEORGE LANDERS USING THIS FOR JUST STORAGE. CHANGED HANDS
ON 09/09/2008.

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

Signature of Applicant

24 Hamilton st #35
Address

SAUGUS MA 01906
City State Zip

** Office Use Only **
Mailed
Taken

Received:

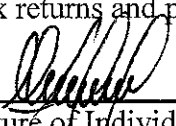
City Clerk

2010 APR 30 A 11:16
CITY CLERK'S OFFICE
SOMERVILLE, MA

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)

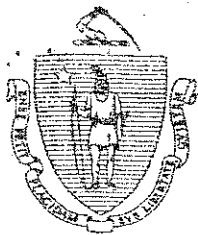
By: Corporate Officer (Mandatory, if a corporation)

800243191

** 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.



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: Jean Maurin

address: 24 Hamilton St #35

city: South Grew

state: MA

zip: 01906

phone #

617-771-2649

work site location (full address):

64 Joy St Somerville, MA 02143

☒ 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 _____ employees (full & part time).

☒ Other

MECHANIC REPAIR

☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co.

policy #

☐ 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:

Date

4/30/10

Print name

JEAN MAURIN

Phone #

617-771-2649

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

city or town:

permit/license #

☐ check if immediate response is required

contact person:

phone #:

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other

(revised Sept. 2003)



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: United Auto Repair
2. Address of taxpayer/applicant's business in Somerville: 64-68 Joy St
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-771-2649 evening: _____

I, Jean Maurin, 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 Friday day of April, 2010.
(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: _____

06258184 # 145025001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
UBarrows

4-30-10