

New

GARAGE LICENSE APPLICATION

Application Fee \$500.00

Date NOV 29 2010

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 1-25-2011

Amount Paid 575.00

☒ New Application

For the storage of 4 vehicles inside

☐ Renewing Application with Additions or Changes

8 vehicles outside

☐ Renewing Application with NO Additions or Changes

Business Name: A & M Foreign Motors INC Phone: 617-776-1760

Business DBA Name (if applicable): _____

Address with Zip Code: 400 Mystic Ave Somerville MA. 02145

Tax Identification Number: 042-651-742 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): Edwin Santa Cruz

Address with Zip Code: 39 Locust St Medford MA. 02155

Property Owner Name: C. Doherty Realty Trust Phone: 617-623-6609

Address with Zip Code: 400 Mystic Ave Somerville MA. 02145

Emergency Contact 1: Edwin Santa Cruz Phone: 617-680-5553

Emergency Contact 2: Myrna Santa Cruz Phone: 617-680-7827

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC)

☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Edwin Santa Cruz

Address with Zip Code: 205 Ridge St Winchester MA. 01890

Partner's/Member's/Secretary's Name: Myrna Santa Cruz

Address with Zip Code: 205 Ridge St Winchester MA. 01890

Partner's/Member's/Treasurer's Name: Myrna Santa Cruz

Address with Zip Code: Same.

CITY CLERK'S OFFICE
2011 JAN 25 AM 10

1. Will you be open to the public at this location? Y ☒ N ☐
2. Will you be doing mechanical repairs of vehicles at this location? Y ☒ N ☐
3. Will you be doing autobody work on vehicles at this location? Y ☐ N ☒
4. Will you be spray painting vehicles or parts at this location? Y ☐ N ☒
5. Will you be washing vehicle at this location? Y ☐ N ☒
6. Will you be charging money to park vehicles at this location? Y ☐ N ☒
7. Will you be storing registered vehicles at this location? Y ☒ N ☐
8. Will you be storing unregistered vehicles at this location? Y ☐ N ☒
9. Will you be operating a tow vehicle at this location? Y ☐ N ☒

Have you ever obtained a garage license before? Medford MA 03 - Present. Y ☒ N ☐

If yes, list year, city and state Somerville since 1978 to 2003

Have you ever been denied a garage license? Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y ☐ N ☒

If yes, list year, city and state _____

Describe all of the premises to be used in the business: Single Story Brick Building with 2 garage doors and a fenced in yard. with approx 10,000 SF

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Edmund H. Hatcher Date NOV 29 - 2010

Business Name: A & M Foreign Motors Inc.

Business Address: 39-43 LOCUST ST Medford MA 02155

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BB Zone.

- ☒ The use is permitted as of right
☐ The use requires a special permit
☐ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 4 inside
8 outside

Signature: [Signature] Date: 11/18/11

Print Name: JAMES ACURILIO Title: L.D.I.

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

☐ A 148 sec. 13 License is required

☒ A 148 sec. 13 License is NOT required

PER LT. VIN McLAUGHLIN, 11/28/11. JSL

Signature: [Signature] Date: 11/24/11

Print Name: Deputy Chief William T. Lee Title: Deputy Chief

**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.

AEM Foreign Motors INC

*Signature of Individual or Corporate Name (Mandatory)

Edwin Santa Cruz

By: Corporate Officer (Mandatory, if a corporation)

042-651-742

**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: A & M Foreign Motors Inc.
Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave Somerville ⁰²¹⁴⁵
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 617-776-1760 evening: 617-680-5553

I, (print name) Edwin Santa Cruz, 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 29 day of
NOVEMBER, 20 10. [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: _____
11343045 # 134082001 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
[Signature]
1-25-11

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: AEM Foreign Motors INC.
Address: 39-43 Locust St
City: Medford State: MA Zip: 02155 Phone #: 781-373-7453

- ☒ I am an employer with 3 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 Auto service

Workers' compensation insurance information (if applicable):

Insurance Company Name: Ameritrust Insurance Corp.
Address: P.O. Box 51239
City: Sarasota State: FL Zip: 34232-0310 Phone #: 978-670-2122
Policy #: WC 0211729-07-70 AV Expiration Date: 09/01/2011

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: Edwin A. Santa Cruz Date: 11-29-2010
Print Name: Edwin A. Santa Cruz

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 _____