



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

### Application to Renew Flammables License

**SOUHAIL BERBARA**  
**565 PLEASANT ST**  
**NORWOOD MA 02062**

**License #:** BL15-000939  
**File #:** 15-477  
**Fee:** 605

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)
<b>Business/DBA Name:</b> SIMON'S AUTO SERVICE <b>Business Location:</b> 166 BOSTON AVE <b>Business Phone:</b> 617-628-8383	
<b>License Holder:</b> SOUHAIL BERBARA 565 PLEASANT ST NORWOOD MA 02062	
<b>Mailing Address:</b> SOUHAIL BERBARA 565 PLEASANT ST NORWOOD MA 02062	
<b>Business Type:</b> Sole Proprietor SOUHAIL BERBARA	
<b>FID:</b> 445105632	
<b>Emergency Contact:</b> SOUHAIL BERBARA <b>Phone:</b> 781-888-4203	
<b># of Gallons of Flammables to be Stored:</b> 18150 <b>Describe Flammables to be Stored:</b> Not yet provided. <b>Proposed Hours of Operation:</b> Not yet provided.	

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: \_\_\_\_\_

Date: 3-28-2016

Printed Name: SOUHAIL BERBARA

Phone: 781-888-4203



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: SIMON'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 166 BOSTON AVE

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-628 8383 evening: 781-888 4203

I, (print name) SOUHAIL BERBARA, 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 28 day of

MARCH, 20 16. [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: \_\_\_\_\_

# 1715 # NA # 90 # ✓

**NOTES:**

**CLERK'S INITIALS:** [Signature]

**ORIGINAL STAMP:** 4-11-16

**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:**

SIMON'S AUTO SERVICE  
Name: SOUHAIL BERBARA  
Address: 166 BOSTON AVE  
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 628 8383

- ☒ I am an employer with 0 employees  
(full and/or part time).  
☐ 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 \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: A.I.M. MUTUAL INSURANCE COMPANIES  
Address: P.O. BOX 4070  
City: BURLINGTON State: MA Zip: 01803 Phone #: 781 221 1600  
Policy #: AWC-400-7016220-2016 A Expiration Date: 01-06-17

**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: 3-28-2016

Print Name: SOUHAIL BERBARA

*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 \_\_\_\_\_

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

**A.I.M. Mutual Insurance Company**  
**54 Third Avenue, Burlington, Massachusetts 01803-0970**  
**(800) 876-2765**

NCCI NO 26158

POLICY NO. AWC-400-7016220-2016A  
PRIOR NO. AWC-400-7016220-2015A

ITEM

1. The Insured: Souhail Barbara  
DBA: Simon's Auto Service  
Mailing address: 166 Boston Avenue  
Somerville, MA 02144

FEIN: \*\*-\*\*\*5632

Legal Entity Type: Sole Proprietor

Other workplaces not shown above:

2. The policy period is from 01/06/2016 to 01/06/2017 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA
- B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.

The limits of liability under Part Two are:

Bodily Injury by Accident	\$	<u>100,000</u>	each accident
Bodily Injury by Disease	\$	<u>500,000</u>	policy limit
Bodily Injury by Disease	\$	<u>100,000</u>	each employee

C. Other States Insurance: Coverage Replaced by Endorsement WC 20 03 06 B

D. This Policy includes these Endorsements and Schedules: SEE SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications		Premium Basis	Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Premium
INTRA	322351			
INTER	SEE CLASS CODE SCHEDULE			

Minimum Premium \$273

GOV STATE	GOV CLASS
MA	8380

Total Estimated Annual Premium \$273  
Deposit Premium \$273

State Assessments/Surcharges  
\$.00 x 5.7500% \$

This policy, including all endorsements, is hereby countersigned by

  
Authorized Signature

12/22/2015  
Date

Service Office:  
54 Third Avenue  
Burlington MA 01803

Nicholas A Consoles Insurance Agency Inc  
153 Andover Street Suite 208  
Danvers, MA 01923

WC 00 00 01 A (7-11)

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