

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

HILLSIDE JAGUAR, INC.

45 MYSTIC AVENUE

SOMERVILLE MA 02145

LIC #: 2012-071

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:     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: HILLSIDE JAGUAR, INC.D/B/A HILLSIDE SERVICE TEL: 617-623-7388  
Company Address: 00045 MYSTIC AV

City: SOMERVILLE State: MA Zip: 02145

Check One:

Individual:      Co:      Corp: X Trust:      Agency      Ship      Gov't      Partner      Other     Owner Name: HILLSIDE JAGUAR, INC.TEL: 617-923-2420Owner Address: 45 MYSTIC AVENUEOwner City: SOMERVILLE State: MA Zip: 02145FID#: 042917732

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. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-071

FEE: \$550.00

This is to certify: HILLSIDE JAGUAR, INC.

has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 05/27/1976

Garage situated at: 00045 MYSTIC AV

Doing business as : HILLSIDE JAGUAR, INC.D/B/A HILLSIDE SERVICE CENTER

Shall not exceed: 10 Vehicles Inside

in addition the following restrictions apply:

20 TOTAL ON PREMISES 10 ON USED CAR CLASS II AND 10 ON GARAGE

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

Signature of Applicant

45 Mystic Ave

Address

Somerville MA 02145

City

State

Zip

\*\* Office Use Only \*\*

Mailed     Taken XReceived: 4/10/12 - MS\$ 550.00 ck# 14107

City Clerk

CITY OF SOMERVILLE  
CLERK'S OFFICE  
2012 APR 10 A 10:35

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.

17115, de Jaguar, Inc  
\* Signature of Individual or Corporate Name (Mandatory)

[Signature]  
By: Corporate Officer (Mandatory, if a corporation)

04.2917732  
\*\* 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: Hillsdale Jaguar, Inc

Address of taxpayer/applicant's business in Somerville: 45 Mystic Ave

Address of taxpayer/applicant's home in Somerville: 45 Mystic Ave

Taxpayer/applicant's phone: day: 617 623 7378 evening: 617 623 2420

I, (print name) Robert Boldman, 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 22 day of March, 2012 [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: \_\_\_\_\_  
# 10634      # 102013001      # 946      # \_\_\_\_\_

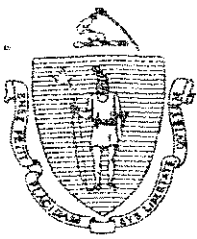
NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED  
[Signature]  
4-10-12



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Hillside Jaguar Inc

address: 45 Mystic Ave

city: Dorchester state: MA zip: 02145 phone #: 61762373PP

work site location (full address): 45 Mystic Ave Dorchester MA 02145

☐ 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 2 employees (full & part time). ☐ Other Auto Repair

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

company name: Hillside Jaguar Inc.

address: 45 Mystic Ave

city: Dorchester MA 02145 phone #: 61762373PP

insurance co. Agos Retail Merchants policy # 014005031604112

☐ 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: Robert Boudreau Date: 3-25-12

Print name: Robert Boudreau Phone #: 61762373PP

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_ ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_ ☐ Selectmen's Office

(revised Sept. 2003)

☐ Health Department  
☐ Other \_\_\_\_\_