



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

2012

SANDRA HENRIQUEZ
444 R SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: 1053
City #170
Fee: 550.00
Account ID: 827
Reference #: 1053

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)
Business/DBA Name: For AUTOSAL Business Location: 444R SOMERVILLE AVE Business Phone: 617-623-6441	
License Holder: SANDRA HENRIQUEZ 444 R SOMERVILLE AVE SOMERVILLE, MA 02143 617-623-6441	
Mailing Address: SANDRA HENRIQUEZ SOMERVILLE, MA 02143	
Business Type: SOLE PROPRIETORSHIP OWNER - SANDRA HENRIQUEZ	
FID: 999999999	
Food Manager/Emergency Contact: SANDRA HENRIQUEZ 781-396-1346	

2013 APR 24 P 2:30
CITY CLERK'S OFFICE
SOMERVILLE, MA

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
- 15 VEHICLES
- 15 VEHICLES INSIDE

Description of Location and/or Other Conditions:

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 ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Date: 4/24/13
Print Name: Sandra Henriquez Phone: 617-6236441

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: Sandra Henriquez Autosol
Address: 444 R Somerville Ave
City: Somerville State: Ma. Zip: 02143 Phone #: 617 623 6441

- ☒ I am an employer with 4 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 GARAGE REPAIR

Workers' compensation insurance information (if applicable):

Insurance Company Name: A I M MUTUAL INS.
Address: 54 THIRD AV PO BOX 4070
City: Burlington State: Ma Zip: 01803 Phone #: 1800 876 2765
Policy #: AWC 7021343012012 Expiration Date: 6-10-2013

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: 4/24/13

Print Name: Sandra Henriquez

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: AUTOSAL

Address of taxpayer/applicant's business in Somerville: 444 R Somerville Av.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 623 6441 evening: _____

I, (print name) Sandra Henriquez, 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 24 day of April, 2013. Rafael O. Lugo
(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: _____

_____ # 242071001 # 1140 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:

RECEIVED
(Barra)
4-24-13