



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

**APPLICATION TO RENEW GARAGE LICENSE**

**JOHN'S AUTO SALES INC  
181 SOMERVILLE AVE  
SOMERVILLE, MA 02143**

License #: **1043**  
Fee: **550.00**  
Account ID: **820**  
Reference #: **1043**

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: <b>JOHN'S AUTO SALES INC</b> Business Location: <b>266 BEACON ST</b> Business Phone: <b>617-628-5511</b>	
License Holder: <b>JOHN'S AUTO SALES INC</b> <b>181 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-5511</b>	
Mailing Address: <b>JOHN'S AUTO SALES INC</b> <b>181 SOMERVILLE AVE</b> <b>SOMERVILLE, MA 02143</b>	<b>John's Auto Sales Inc.</b> <b>c/o Peter Piantidosi</b> <b>PO BOX 45251</b> <b>Somerville MA 02145</b>
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN ELEFTHERAKIS</b> <b>SECRETARY - JOHN ELEFTHERAKIS</b> <b>TREASURER - JOHN ELEFTHERAKIS</b>	
FID: <b>042743707</b>	
Food Manager/Emergency Contact: <b>JOHN ELEFTHERAKIS</b> <b>617-512-5511</b>	<b>Peter Piantidosi 6172016573</b>

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     | 5 VEHICLES INSIDE   |
| 1 STORING VEHICLES       | 13 VEHICLES OUTSIDE |
| 1 OPERATING TOW VEHICLES | 1 WASHING VEHICLES  |

Description of Location and/or Other Conditions:

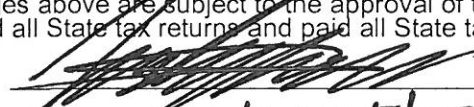
**No Auto Body. No Spray Painting.**

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: 3/5/14  
Print Name: JOHN ELEFTHERAKIS Phone: 6175125511



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

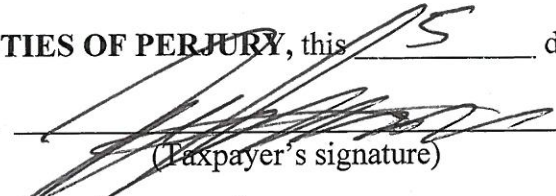
Exact name of taxpayer/applicant's business: John's Auto Sales Inc

Address of taxpayer/applicant's business in Somerville: 266 BEACON ST

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 6172016573 evening: SAME

I, (print name) JOHN EKATHENAKIS 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 5 day of MARCH, 2014.  
  
(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: \_\_\_\_\_

# 1138      # 243054011      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: 

**ORIGINAL STAMP:**



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: John's Auto Sales Inc  
 Address: 246 Beacon St - 181 Somerville Ave  
 City: Somerville State: MA Zip: 02145 Phone #: 617 628 5511  
 I am an employer with 8 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: AM Trust North America  
 Address: Po Box 6939  
 City: Cleveland State: OH Zip: 44101 Phone #: 877-528-7878  
952-935-1400  
 Policy #: TWC 3368616 Expiration Date: 8/31/14

**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 year's 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: 3/7/14  
 Print Name: John Eleftherakis

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 \_\_\_\_\_