

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MELVIN H SIEGEL/LAWRENCE L.SIEGEL
34 SADDLE CLUB ROAD
LEXINGTON MA 02420

LIC #: 2011-182
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: X
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 \$500.00 not
later than April 30, 2011. 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: WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. SIE TEL: 617-666-8181
Company Address: 00064 WEBSTER AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: Co: X Corp: Trust: Agency Ship Other
Gov't Partner

Owner Name: MELVIN H SIEGEL/LAWRENCE L.SIEGEL TEL: 617-666-8181

Owner Address: 34 SADDLE CLUB ROAD

Owner City: LEXINGTON State: MA Zip: 02420

FID#: 042319664

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 04/30/2011, 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. ...
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-182
FEE: \$500.00

This is to certify: MELVIN H SIEGEL/LAWRENCE L.SIEGEL
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/09/1993

Garage situated at: 00064 WEBSTER AV
Doing business as : WEBSTER AUTO BODY CO./M.H. SIEGEL, L.L. SIEGEL
Shall not exceed: 25 Vehicles Inside

in addition the following restrictions apply:

- 1. PETITIONER WILL CLEAN AND MAINTAIN LOT ABUTTING BEACH STREET-
DIRECTLY ACROSS THE STREET. 2. PETITIONER WILL NOT STORE/REPAIR VEHICLES
ON NORFOLK, WEBSTER OR COLUMBIA STREETS. NUMBER OF VEHICLES AMENDED ON
08/11/2005 BOA #178713 FROM 11 CARS TO 25 MAX. NO SPRAY PAINTING

This renewal certificate must be signed by the holder of the license.

Check One: Owner [checked] Occupant Holder

MS Melvin H. Siegel
Signature of Applicant
34 Saddle Club Rd
Address
Lexington, Ma 02420
City State Zip

\*\* Office Use Only \*\*
Mailed
Taken
Received: CR 21567
\$ 500.00
City Clerk

2011 JUL 14 A 09:09
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

Webster Auto Body

\* Signature of Individual or Corporate Name (Mandatory)

*MS*  
Angela A. Siegel

By: Corporate Officer (Mandatory, if a corporation)

042-319664

\*\* 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: Webster Auto Body

Address of taxpayer/applicant's business in Somerville: 64 Webster Ave, Somerville

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

Taxpayer/applicant's phone: day: 617 666-8181 evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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, 2011.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

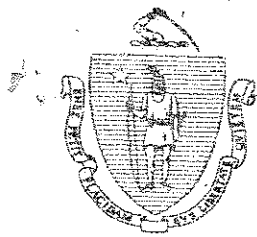
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>19620070</u>	# _____	# <u>09590011</u>	# _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**Received**  
A 6-22-11



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: Webster Auto Body  
 address: 64 Webster Ave  
 city: Somerville state: Ma zip: 02143 phone # 617 666 8181

work site location (full address):

- 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 12 employees (full & part time).  Other Auto body repair Shop  
 I am an employer providing workers' compensation for my employees working on this job.

company name: Webster Auto Body  
 address: 69 Webster Ave  
 city: Somerville Ma 02143 phone #: 617 666 8181  
 insurance co. Automotive Industries Compensation Co. policy # WC 003019-11

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.

MS Signature: Melvin A. Siegel Date: 3/28/11  
 Print name: Melvin Siegel Phone #: 617 666 8181

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)