CITY OF SOMERVILLE

MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

ELIAS MIKHAEL	LIC #: 2012-237
229 CARVE STREET	B.O.A.# 180173
DEDHAM MA 02026	TALL CODESTILIONED MOD MOID +++
	EWAL CERTIFICATE FOR YOUR ***
ALLOWED USES - (CHOOSE ALL THAT	APPLY)
Mechanical Repair: X Auto Body	Work: Parking or Storing Vehicles:
washing vehicles: Spray Pain	ting: Operating a Tow Vehicle: 148 Soc 13
ISSUED IN ACCORDANCE WITH THE APPLICA	BLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and I	iled with the required fee of \$550.00 not
later than April 30, 2012. Use the e	nclosed envelope.
Kindly fill in the information correct	ting any errors listed on our current
records below. Please print or type y	our information, except for signature.
Company Name: G.E.&M AUTO SERVICE,	INC. TEL: 617-623-9615 PKWY
Company Address: 00395 ALEWIFE BROOK	PKWY
Charles Charle	- NA [7: - 00144
City: SOMERVILLE State	e: MA Zip: <u>UZI44</u> Gov't Partner
Check One:	
Individual: Co: Corp: _x_ Tru	st: Agency Ship Other
Owner Name: ELIAS MIKHAEL	TD1:
Owner Address: 229 CARVE STREET	The state of the s
Orman ditri DEDILAM	State: MA Zip: 02026
FID#: 019768603	Scace. MA Zip. 02020
This renewal is being sent to you as	a courtesy, please file on time. If this
renewal is being sent to you as	's office by 04/30/2012, phease advise.
renewar is not recurred to city extra	5 O11100 By 01/30/2011
**** HOURS OF OPERSTIONS *****	Very trally yours,
MONDAY-FRIDAY: 08:00 AM-06:00 PM	
SATURDAY: 08:00 AM-05:00 PM	
SUNDAY: CLOSED	
DOMOZII. CLODED	John J. Te ng
	City Clerg
OUR CURRENT INF	ORMATION SHOWS
GARAGE OPEN TO TH	E PUBLIC LICENSE #: 2012-237
ornaton of hit 10 111	E PUBLIC LICENSE #: 2012 237 FEE: \$550.00
This is to certify: ELIAS MIKHAEL	
has been licensed by the Mayor and th	e Aldermen of the City of Somerville.
Since 12/20/2005	• ,
Garage situated at: 00395 ALEWIFE BR	OOK PKWY
Doing business as : G.E.&M AUTO SERVI	CE, INC.
Shall not exceed: 3 Vehicles Inside &	14 Vehicles Outside, not on public ways
in addition the following restriction	s apply:
NO TOWING ALLOWED. BOA #180872-04	/11/2006
1,0 2,0,121,0 122201,221	,,
	•
This renewal certificate must be sign	ed by the holder of the license.
Check One: Owner Occupant _	Holder
T HA	** Office Nge Only **
Laite	OLITICE OBC OHLY
Signature of Applicant	Mailed
220 0	Taken
229 Cuive st. Address	Descional
Address	Received:
Dall Me soon	
Dedham. Ma. 02026.	City Clerk
City State Zip	CICÀ CIETY

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DDA Name of the Business:	Alewife Auto
The DBA Name of the Business: 395	Alewife Brook Pkwy
Somervine Address and Zip Code. Soil	nerville, MA 02144
Phone Number of the Business:	
The Legal Name of the License Holder:	Elias Minhael
Street Address of the License Holder:	279 Cuive St.
	Dedham Ma. 02144
Phone Number of the License Holder:	617-623-9615
Email Address of the License Holder:	
Where We Should Send Mail: Name:	lowife Arris
Surcot Address.	lewife Auto
Ony, but and hip code.	wife Brook Pkwy
Email: Some	rville, MA 02144
Phone Number:	
Federal ID # (Do Not Give a Social Security #):	043-564-703
Emergency Contact and Phone (For Fire Dept. Use):_	Grorge. 617-623-9615.
Type of Business (Check Only One and Give the Nar	mes Indicated):
Sole Proprietor: Name of Owner:	
Partnership (inc. LLP): Names of All Partners Wi	no Own More Than 10%:
Trust: Names of All Trustees Who Own More Th	an 10%:
	<u> </u>
XCorporation (inc. LLC): Name of President:	Elias Mitchael
Name of Secretary: Elico	Milliage
Name of Treasurer: George	Mikhael
Other (Attach a Description of the Form of Owner	ership and the Names of Owners)
	the moralities of newigners that the following is true.

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
- -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:	ate	4-28·	12
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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.

* Signature of Individual or Corporate Name (Mandatory)

* Dichael

By: Corporate Officer (Mandatory, if a corporation)

** 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/app	licant's business:	GE&MAuto	- .
Address of taxpayer/applica		395 Alewife Broo	
Addiess of taxpayer/applica	nit 2 ousiness in Somer	/IIIC. Springry Med 1/11	V471 TT
Address of taxpayer/applica	nt's home in Somervill	e:	:
Taxpayer/applicant's phone	: day: 617-623-	9615 evening: 617-	372-0648
I, (print name) Elicocertify that all the information have been paid or that the T current on said agreement.	on contained herein is tru	ie and correct and all taxes a	nd fees due the City
SIGNED UNDER THE PA	AINS AND PENALTI	ES OF PERJURY, this	
April	. 20 12	Ew Mh	·
		(Taxpayer's signat	ure)
•	CITY'S ACKNOW	LEDGEMENT	
DATE OF ISSUANCE:	» INCLUDI	S RELEVANT POSTINGS THROUG	H:
TAXES AND ACCOUNT	NUMBER(S) INCLU	DED IN CERTIFICATE:	· .
☐ Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:
# 329	#346054001	# 13	<u>#</u>
NOTES:	,		
CLERK'S INITIALS:	<u> </u>	ORIGINAL STAMP:	



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street, 7th Floor Boston, Mass. 02111 Workers' Compensation Insurance Affidavit - General Businesses

Applicant informatio	Please Pl	RINT legibly			The state of the s
name:	GE&MAuto Service				
address:	395 Alewife Brook Parkway				
	Somerville MA 02144	zip:	phone #	617-62	3-961
city	state.	<u> </u>	<u> </u>		
working in any cap I am an employer v	etor and have no one Business Type: pacity.	Retail Restaurate Sales (including Other	Real Estate, A	Establishment utos etc.)	
I am an employer	providing workers' compensation for my	employees working on	uns joo.		Allowy providence
сотрапу дате:				ga madusada karanga kan asad An sakanga baga misa-karanga k	
address:	G E & M Auto Service				
eity:	395 Alewife Brook Parkway Somerville MA 02144	phone #:	617-6.	13-9618	
insurance co.		policy#			
I am a sole propricompensation polices:	etor and have hired the independent contr	actors listed below who	have the follo	wing workers'	
company name:					- 45- di 65- m
address:					
city:		phone #:	ord In community of the company of the community of the c		
odinski sa tan daga sa fat		policy#			2 - 2000 NO. 00 NO.
insurance co.			AND AND SUPPOSE SEC		77.75.05.0
company name:					
address:		phone#:		inieskija a	e recessor din Company
city:					— Varion V
insurance co.		policy#			
one years' imprisonment copy of this statement ma	e as required under Section 25A of MGL 152 ca as well as civil penalties in the form of a STOP ty be forwarded to the Office of Investigations o	WORK ORDER and a line f the DIA for coverage veri	fication.	аудиве те. Т инис	500.00 and/or erstand that a
I do hereby certify unde	er the pains and penalties of perjury that the	information provided ab	ove is true and o	correct.	
Signature	Ew Jk	D:	ate	1.00.10	
Print name	Elias Mikhael	PF	none#	017-62	3-9613
		or town official			
official use only d	io not write in this area to be completed by city	•		F	
official use only d		permit/license#		Building Depa	runent rd
check if immediate	e response is required			Selectmen's O Health Depart	2794
contact person:	pho	one#;		Other	
(revised Sept. 2003)					al's