

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 DBA Name of the Business:	Alewife Auto
Somerville Address and Zip Code:	395 Alewife Brook Pkwy Somerville, MA 02144
Phone Number of the Business:	

The Legal Name of the License Holder:	<u>Elias Michael</u>
Street Address of the License Holder:	<u>229 Cove St.</u>
City, State and Zip Code of the License Holder:	<u>Dedham ma. 02144</u>
Phone Number of the License Holder:	<u>617-623-9615</u>
Email Address of the License Holder:	


Where We Should Send Mail: Name:	Alewife Auto
Street Address:	395 Alewife Brook Pkwy
City, State and Zip Code:	Somerville, MA 02144
Email:	
Phone Number:	

Federal ID # (Do Not Give a Social Security #):	<u>043-564-703</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>George. 617-623-9615.</u>
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Type of Business (Check Only One and Give the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:	
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President:	<u>Elias Michael</u>
Name of Secretary:	<u>Elias Michael</u>
Name of Treasurer:	<u>George Michael</u>
Other (Attach a Description of the Form of Ownership and the Names of Owners)	

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:  Date 4-28-12

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.

G E 3 M Auto Service Inc.

* Signature of Individual or Corporate Name (Mandatory)

Elias Michael

By: Corporate Officer (Mandatory, if a corporation)

043-564-703.

** 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: G E & M Auto Service

395 Alewife Brook Parkway

Address of taxpayer/applicant's business in Somerville: Somerville MA 02144

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

Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648

I, (print name) Elias Michael, 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 28th day of

April, 20 12. [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: _____

329 # 346054001 # 13 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:

RECEIVED
[Signature]
5-1-12



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 information:

Please PRINT legibly

name: GE & M Auto Service
 address: 395 Alewife Brook Parkway
Somerville MA 02144 state: _____ zip: _____ phone # 617-623-9615

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 _____ employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: _____
 address: GE & M Auto Service
395 Alewife Brook Parkway phone #: 617-623-9615
Somerville MA 02144
 insurance co. _____ policy # _____

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 Elias Mikhael Date 4.28.12
 Print name Elias Mikhael Phone # 617-623-9615

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)