

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

SOUZA BROS. FOREIGN CAR SERVICE, INC.
8 HAMMERSMITH DRIVE
SAUGUS MA 00000

LIC #: 2011-077
B.O.A.#

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: ___

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: SOUZA BROS. FOREIGN CAR SERVICE, INC. TEL: 617-628-9517

Company Address: 00035 -00037 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency: ___ Ship: ___ Other: ___

Owner Name: SOUZA BROS. FOREIGN CAR SERVICE, INC. TEL: 617-628-9517

Owner Address: 8 HAMMERSMITH DRIVE

Owner City: SAUGUS State: MA Zip: 00000

FID#: 042606053

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: 07:30 AM-07:30 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2011-077
FEE: \$500.00

This is to certify: SOUZA BROS. FOREIGN CAR SERVICE, INC.
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 10/21/1974

Garage situated at: 00035 -00037 PROSPECT ST
Doing business as : SOUZA BROS. FOREIGN CAR SERVICE, INC.
Shall not exceed: 10 Vehicles Inside

in addition the following restrictions apply:
DOES NOT SPRAY ANYMORE. BUT WANTS IT TO STAY IN EFFECT
AS OF 09/17/99

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 14 A 10:17

This renewal certificate must be signed by the holder of the license.
Check One: Owner [checked] Occupant ___ Holder ___

[Signature]
Signature of Applicant

8 HAMMERSMITH DRIVE
Address

SAUGUS MASS 01906
City State Zip

** Office Use Only **
Mailed ___
Taken [checked]
Received:
City Clerk

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.

Sonya Broz Foreign Licensee Inc.
* Signature of Individual or Corporate Name (Mandatory)

Glenn A. Souza
By: Corporate Officer (Mandatory, if a corporation)

042 606 053
** 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: AUTO SALES & AUTO REPAIR

Address of taxpayer/applicant's business in Somerville: 35-37 PROSPECT ST. SOMM.

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

Taxpayer/applicant's phone: day: 617 628-9512 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 _____ day of

_____, 20____. Frank A. Souza
(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: _____

19637020 # 120095001 # 08970032 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED
7-14-11



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: FRANK A. SOUZA
 address: 8 HAMMERSMITH DRIVE
 city: SAULBUS state: MASS. zip: 017 phone #: 017 628-9517

work site location (full address): 35-37 PROSPECT ST. SOM. MASS. 02143
 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 2 employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: SOUZA BROS. FOREIGN CAR SERV. INC.
 address: 35-37 PROSPECT ST.
 city: SOMERVILLE MASS. 02143 phone #: 617-628-9517

insurance co. AMERITRUST INSURANCE CORP policy #: WC 0630622
 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 sheets 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 \$1,000 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: Frank A. Souza Date: 4/4/11
 Print name: FRANK A. SOUZA Phone #: 617 628-9517

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

city or town: _____ permit/license # _____
 check if immediate response is required

contact person: _____ phone #: _____

Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other

(revised Sept. 2003)