

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 #: 2011-181
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

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

Washing Vehicles: X Spray Painting: X 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: SERVICE AUTO BODY, INC., D/B/A WEBSTER AUTO TEL: 617-666-8181
Company Address: 00069 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 OPERATIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 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 #: 2011-181
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: 00069 WEBSTER AV

Doing business as : SERVICE AUTO BODY, INC., D/B/A WEBSTER AUTO BODY CO

Shall not exceed: 11 Vehicles Inside

in addition the following restrictions apply:

7/14/2005 APPROVED WITH CONDITIONS: HOURS OF OPERATION

MONDAY - FRIDAY 8:00AM TO 6:00PM

SATURDAY 8:00AM TO 2:00PM

CLOSED SUNDAY NO BUSINESS

SPRAY PAINTING ALLOWED

8/31/2005 AMENDED NUMBER OF CARS ALLOWED FROM 25 TO 11 MAX

2011 JUL 14 A 9:09
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Check One: Owner 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 21568
\$500-
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.

Webster Auto Body

* Signature of Individual or Corporate Name (Mandatory)

ms

Amelun 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: 69 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, 20 11.
(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: _____
19620026 # 12407200 # 30050820 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP: **received**
(Bureau)

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: Webster Auto Body
 address: 69 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 _____ 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 Corp policy # WC003019-11

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.
 Signature: Michael Siegel Date: 3/28/10
 Print name: Michael 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)