

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Nonrefundable Application Fee <u>\$20/space</u>	2014 DEC 15 P 3:15 FOR CITY CLERK'S OFFICE ONLY
Date <u>12/10/2014</u>	Date Recorded _____ Amount Paid _____

☒ New Application For 63 Parking Spaces
☐ Renewing Application with Additions or Changes
☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Mercedes Benz of Boston Phone: 617-666-4100
Somerville Location (with Zip Code): 161 Linwood Street
259 McGrath Highway, Somerville, MA 02143

Applicant's Federal Employer Identification Number: 061-335-996

Applicant's Legal Name: Herb Chambers I-93, Inc.

Applicant's Address (with Zip Code): 259 McGrath Highway, Somerville, MA 02143

Mailing Name (where we should send correspondence to): 259 McGrath Highway, Somerville, MA 02143

Mailing Address (with Zip Code): 259 McGrath Highway, Somerville, MA 02143

Emergency Contact: Jeff Davis Phone: 617-549-3813

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership** (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☒ **Corporation:** Name of Corporation: Herb Chambers, I-93, Inc.

Name of President: Herb Chambers

Name of Secretary: James Duchesneau Name of Treasurer: Herb Chambers

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

I request permission to store 63 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include the dimensions for each space.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution. I further certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature]

Date: 12/10/2014

Print Name: Herb Chambers

Phone: 617-666-4102

RELEASE AND INDEMNITY AGREEMENT

I hereby agree to release, discharge and hold harmless, the City of Somerville, Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the applicant's conduct under this license.

Signature of Applicant: [Signature]

Date: 12/10/2014

Print Name: Herb Chambers

Phone: 617-666-4102

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a 1A Zone.

- ☒ The use is permitted as of right
☐ The use requires a special permit
☐ The use is prohibited

Maximum number of motor vehicles to be kept on the premises: 63 - JTL PER AL BARGOST

Signature: [Signature]

Title: Police WSP

Date: 12-11-14

FIRE PREVENTION BUREAU RECOMMENDATION

The Fire Prevention Bureau recommends that the application be / Approved Denied

Signature: Lt R. MacLaughlan

Title: LIEUTENANT

Date: 12/12/14



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: herb chambers

Address of taxpayer/applicant's business in Somerville: 161 Linwood Street

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

Taxpayer/applicant's phone: day: _____ 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_____.
(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: _____
9208 # 145074001 # 730 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB chambers
12-15-14

*The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111*

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Herb Chambers I-93, Inc.

Address: 259 McGrath Highway

City: Somerville State: MA Zip: 02149 Phone #: 617-666-4100

- ☒ I am an employer with 100 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: US I New England Travelers Ins.

Address: P.O. Box 1450

City: Middleboro State: MA Zip: 02344 Phone #: 800-832-7839

Policy #: _____ Expiration Date: _____

Applicant certification:

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: _____ Date: _____

Print Name: Herbert G. Chambers

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: Herb Chambers I-93 Inc
Address: 255 McAbrath Highway
City: Somerville State: MA Zip: 02149 Phone #: (617) 666-4100

- ☒ I am an employer with 102 employees
(full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: USI New England Travelers Inc
Address: PO Box 1450
City: Middleboro State: MA Zip: 02344 Phone #: 800-832-7439
Policy #: TC2KURID1D254913 Expiration Date: 9/9/14

Applicant certification:

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: [Signature] Date: 3/20/14
Print Name: Herbert G Chambers

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

License #: 853

Docket #7065

Account ID: 593

Reference #: 853

OUTDOOR PARKING

PAT'S AUTO BODY INC
PO BOX 167
SOMERVILLE, MA 02143

License Expires: 04/30/2015

This is to certify that PAT'S AUTO BODY INC, dba PAT'S AUTO BODY, INC.,

has been granted a/an OUTDOOR PARKING license in the City of Somerville, ONLY at the following address: 161 LINWOOD ST.

This license is issued subject to the provisions of the General Laws of the Commonwealth, all ordinances of the City, and all regulations or conditions of the BOARD OF ALDERMEN, including but not limited to any specific conditions listed below.

License Information:

Hours: NOT APPLICABLE

Food Manager / Emergency Contact: DAVID TAURO 617-293-2010

63 SPACES

Attest for the BOARD OF ALDERMEN:

This license is NOT Transferable, and no changes may be made to this license
without the approval of the BOARD OF ALDERMEN.
This license must be posted in a conspicuous place on the premises.