

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

RAFAEL E. CASTILLO
141 MIDDLESEX AVENUE
MEDFORD MA 02155

LIC #: 2011-162
B.O.A.# 185221

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ Auto Body Work: ☐ 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 \$550 - 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: PCJ AUTO SERVICES, INC.D/B/A GOOD GAS SOMER TEL: 617-776-0590
Company Address: 00343 -00345 MEDFORD ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency: ☐ Gov't: ☐ Partner: ☐ Ship: ☐ Other: ☐
Owner Name: RAFAEL E. CASTILLO TEL: 617-823-0021
Owner Address: 141 MIDDLESEX AVENUE

Owner City: MEDFORD State: MA Zip: 02155
FID#: 261691140

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: 06:00 AM-08:00 PM
SATURDAY: 06:00 AM-07:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-162
FEE: \$550.00

This is to certify: RAFAEL E. CASTILLO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/25/1991
Garage situated at: 00343 -00345 MEDFORD ST
Doing business as : PCJ AUTO SERVICES, INC.D/B/A GOOD GAS SOMERVILLE
Shall not exceed: 2 Vehicles Inside & 5 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NEW OWNER AS OF 3/27/2008. BOA #185221

This renewal certificate must be signed by the holder of the license.
Check One: Owner ☒ Occupant ☐ Holder ☐

Signature of Applicant

343 MED FORD ST

Address

SOMERVILLE MA 02145

City State Zip

** Office Use Only **
Mailed 1-24-12
Taken 550

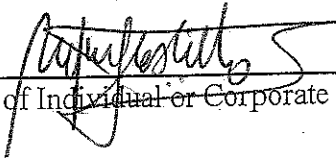
Received: 1-24-12 550

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.


* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

261 691 140
** 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

1. Exact name of taxpayer/applicant's business: PCS AUTO SERVICE INC DBA GOOD GAS
2. Address of taxpayer/applicant's business in Somerville: 345 NEEDHAM ST
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617 760590 evening: 617 823 0024

I, _____, 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 Twenty four day of JANUARY, 20 12.

(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>9748</u>	# <u>208001001</u>	# <u>863</u>	# _____

NOTES:

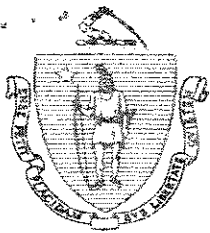
CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB

1-24-12



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: PCS AUTO REPAIR
address: 345 NEEDFORD ST.
city: SOMERVILLE state: MA zip: 02145 phone # 617 776 0590

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

company name: TRAVELERS O'DONOGHUE INC AGENT INC
address: 90 SUMNER ST
city: ARLINGTON MA phone #: 781-646-9300
insurance co. TRAVELERSCH policy # 3460R156-UB

- ☐ 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: [Signature] Date: 1/24/12
Print name: DANIEL CASTRO Phone #: 617 823 0021

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 #:

(revised Sept. 2003)

- ☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other