

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

ALBERT REILLY
75 LAWRENCE STREET
CHARLESTOWN MA 02129

LIC #: 2011-103
B.O.A.# #163211

*** 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: REILLY'S GARAGE TEL: 617-776-4779
Company Address: 00061 -00063 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual X Co: Corp: Trust: Agency Ship Gov't Partner
Owner Name: ALBERT REILLY TEL: 617-242-5244
Owner Address: 75 LAWRENCE STREET

Owner City: CHARLESTOWN State: MA Zip: 02129
FID#: 018282688

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: 08:00 AM-05:30 PM
SATURDAY: 08:00 AM-04:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2011-103
FEE: \$500.00

This is to certify: ALBERT REILLY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 08/27/1981
Garage situated at: 00061 -00063 WASHINGTON ST
Doing business as : REILLY'S GARAGE
Shall not exceed: 2 Vehicles Inside & 6 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NO SPRAY PAINTING

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAR 28 AM 8:43

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

Albert Reilly
Signature of Applicant

75 LAWRENCE ST
Address

CHARLESTOWN MA 02129
City State Zip

** Office Use Only **

Mailed
Taken

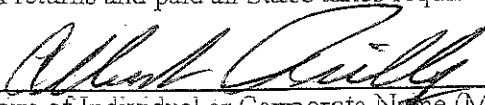
Received: 3/28/11 -ms

\$500.00 ck# 2097
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)

** 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: REILLY'S GARAGE

Address of taxpayer/applicant's business in Somerville: 63 WASHINGTON ST

Address of taxpayer/applicant's home in Somerville: NONE

Taxpayer/applicant's phone: day: 617 726 4779 evening: 617 519 4171

I, (print name) ALBERT REILLY, 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, 2011. Albert Reilly
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

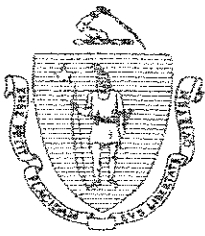
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>04169175</u>	# <u>109104011</u>	# <u>30056558</u>	# _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:





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: REILLY'S GARAGE
address: 63 WASHINGTON ST
city: SOMERVILLE state: MA zip: 02145 phone # 617 776 4779

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:

city:

phone #:

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 Albert Reilly Date 3/28/2011

Print name ALBERT REILLY Phone # _____

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 _____