



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

### Application to Renew Garage License

**HILLSIDE JAGUAR INC**  
**45 MYSTIC AVE**  
**SOMERVILLE MA 02145**

2016 MAR 18 A 10:16  
CITY CLERK'S OFFICE  
SOMERVILLE, MA  
License #: BL15-000737  
File #: 15-620  
Fee: 605

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> HILLSIDE SERVICE CENTER <b>Business Location:</b> 45 MYSTIC AVE <b>Business Phone:</b> 617-623-7388	
<b>License Holder:</b> HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE MA 02145	
<b>Mailing Address:</b> HILLSIDE JAGUAR INC 45 MYSTIC AVE SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation ROBERT BOUDREAU LORRAINE BOUDREAU LORRAINE BOUDREAU	
<b>FID:</b> 042917732	
<b>Emergency Contact:</b> KATHY BOUDREAU <b>Phone:</b> 617-438-7381	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 10 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> No <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Hillside Jaguar, Inc

Address of taxpayer/applicant's business in Somerville: 45 Mystic Ave

Address of taxpayer/applicant's home in Somerville: 45 Mystic Ave

Taxpayer/applicant's phone: day: 617 623 7388 evening: 617 923 2420

I, (print name) Robert Bandman, 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 18 day of March, 20 16.  
Robert Bandman  
(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: \_\_\_\_\_

# 100165      # 102013001      # 908      # \_\_\_\_\_ ✓

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**Received**  
**3-18-16**

**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: Hillside Jaguar, Inc  
 Address: 45 Mystic Ave  
 City: Pomerville State: MA Zip: 02145 Phone #: 617 623 7321

- |   |  |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b><br><input type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><input checked="" type="checkbox"/> Other <u>Auto Repair</u> |
|---|--|

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: W.C. Group - Mass Retailer Merchant Inc  
 Address: PO BOX 859222-9222  
 City: Bainbridge State: MA Zip: 02185 Phone #: 781-843-0085  
 Policy #: 014005031604116 Expiration Date: 1/1/17

**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: 3-7-18/16  
 Print Name: Robert Boudreau

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health <input type="checkbox"/> Building Department <input type="checkbox"/> City/Town Clerk <input type="checkbox"/> Licensing Board <input type="checkbox"/> Selectmen's Office <input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	