

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

GEOMARES JOSE CANDIDO
627 SOMERVILLE AVENUE
SOMERVILLE MA 02143

LIC #: 2011-250
B.O.A.# 189776

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: X
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: GE AUTO REPAIR, INC. TEL: 781-831-1034
Company Address: 00631 SOMERVILLE AV

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual Gov't Partner
Co: Corp: X Trust: Agency Ship Other

Owner Name: GEOMARES JOSE CANDIDO TEL: 781-831-1034

Owner Address: 627 SOMERVILLE AVENUE

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 932733028

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-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 #: 2011-250
FEE: \$500.00

This is to certify: GEOMARES JOSE CANDIDO
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 02/08/2007

Garage situated at: 00631 SOMERVILLE AV

Doing business as : GE AUTO REPAIR, INC.

Shall not exceed: 14 Vehicles Inside

in addition the following restrictions apply:

APPROVED AS AMENDED:HOURS SEE BELOW 5/28/2009 BOA #187613 CANCELLED

NEW OWNERS BOA #189776 6/10/2010

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

Geomares Jose Candido
Signature of Applicant

631 SOMERVILLE AVE
Address

SOMERVILLE MASS 02143
City State Zip

** Office Use

Mailed

Taken

Received:

City Clerk

2011 MAR 30
CITY CLERK'S OFFICE
SOMERVILLE MA
A 10:43

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.

Grossman / Lindell
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

1A2FEA23250800
** 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: GE AUTO REPAIR
Address of taxpayer/applicant's business in Somerville: 631 SOMERVILLE AVE
Address of taxpayer/applicant's home in Somerville: 627 SOMERVILLE AVE
Taxpayer/applicant's phone: day: 781 831 1034 evening: SAME

I, (print name) GEOMARES J. CANDIDO, 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: _____

20663013 # 24104101 # _____ # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP:



RECEIVED
UBarrows
3-30-11



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: GEOMARES J CANDIDO
address: 627 SOMERVILLE AVE
city: SOMERVILLE state: MASS zip: 02143 phone # 781 831 1034

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: GE AUTO REPAIR
address: 631 SOMERVILLE AVE
city: SOMERVILLE phone #: 617-623 2974
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: Geomares J Candido Date: MARCH 30 2011
Print name: GEOMARES J. CANDIDO Phone #: 781 831 1034

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 _____