

2012 CERTIFICATE OF REGISTRATION

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

MARISTELA ROCHA
25 WEBSTER AVENUE #404
SOMERVILLE MA 02143

LIC #: 2012-112
B.O.A.# 186305

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: XWashing Vehicles: X Spray Painting: X 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 \$550.00 not
later than April 30, 2012. 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: INMAN COLLISION CENTER TEL: 617-440-1070
Company Address: 00045 WEBSTER AV

City: SOMERVILLE State: MA Zip: 02143

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

~~Holder's~~ Owner Name: MARISTELA ROCHA TEL: 1-857-221-1653
Owner Address: 25 WEBSTER AVENUE #404

~~Owner~~ City: SOMERVILLE State: MA Zip: 02143
FID#: 261241621

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-05:00 PM
SATURDAY: 09:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2012-112
FEE: \$550.00

This is to certify: MARISTELA ROCHA
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 05/27/1982
Garage situated at: 00045 WEBSTER AV
Doing business as : INMAN COLLISION CENTER
Shall not exceed: 13 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

2/11/93 TRANSFER FROM HILL TOP GARAGE/LINWOOD AUTO BODY TO MICHAEL'S
AUTO CENTER., 05/15/1995 TRANSFERRED TO A & M FOREIGN MOTORS, INC.,
03/03/1998 TRANSFERRED TO PENA AUTOMOTIVE, 08/11/2005 TRANFERRED TO
STAR AUTO CENTER, INC..WITH CONDITIONS: NO VEHICLES PARKED ON STREET,
SIDEWALK OR ADJACENT TO BUILDING. AMENDED ON 08/11/2005, BOA #178285
07/26/2007 TRANSFERRED APPROVED AS AMENDED HOURS. TRANSFERRED #185523,
DATED APRIL 24,2008. 9/25/2008 #186305 CHANGED NAME OF OWNERS.

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

Signature of Applicant

45 Webster Avenue

Address

Somerville, MA 02143
City State Zip

** Office Use Only **

Mailed Taken Received: 4-24-12 \$550C.R. 463

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	Inman collision center		
Somerville Address and Zip Code:	45 Webster ave	02143	
Phone Number of the Business:	(617) 440-1070		

The Legal Name of the License Holder:	MARISTELA KOCHA		
Street Address of the License Holder:	25 Webster ave #404		
City, State and Zip Code of the License Holder:	Somerville, MA, 02143		
Phone Number of the License Holder:	(857) 221-1653		
Email Address of the License Holder:	inmancollisioncenter@hotmail.com		

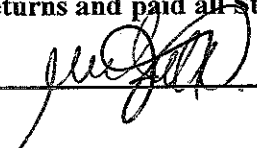
Where We Should Send Mail: Name:	Inman collision center		
Street Address:	45 Webster ave		
City, State and Zip Code:	Somerville MA 02143		
Email:	inmancollisioncenter@hotmail.com		
Phone Number:	(617) 440-1070		

Federal ID # (Do Not Give a Social Security #):	261-241-421
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Emergency Contact and Phone (For Fire Dept. Use):	(857) 221-1653
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Type of Business (Check Only One and Give the Names Indicated):
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: MARISTELA KOCHA
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:
<input type="checkbox"/> Corporation (inc. LLC): Name of President:
Name of Secretary:
Name of Treasurer:
Other (Attach a Description of the Form of Ownership and the Names of Owners)

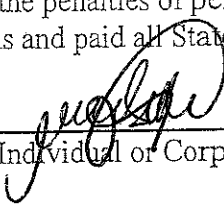
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date: 04/05/12

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: Webster Newton Concord Realty Trust

Address of taxpayer/applicant's business in Somerville: 45 Webster Avenue

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

Taxpayer/applicant's phone: day: 617-232-4258 evening: 617-923-9408

I, (print name) Stephen R Wyner, 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 27th day of

March, 20 12. Stephen R Wyner
(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: _____

15724 # 146063001 # _____ # _____

NOTES:

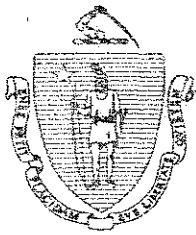
CLERK'S INITIALS: URS

ORIGINAL STAMP:



RECEIVE
Usaraw

3-27-12



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: Inman collision center - Maristela Rocha.

address: 45 Webster ave

city: Somerville

state: MA

zip: 02143

phone # (617) 440-1070

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: Inman collision center

address: 45 Webster ave

city: Somerville MA 02143

phone #: (617) 440-1070

insurance co. The Travelers Insurance

policy # 7PUB-4761P93-8-11

☐ 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 year's 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 04/5/2012.

Print name

Maristela Rocha

Phone # 617 440 1070

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:
(revised Sept. 2003)

phone #; _____

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