

## **CITY OF SOMERVILLE**

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600 2016 JAN 13 A 9:27

CITY CLERK'S OFFICE SOMERVILLE, MA

2015 DEC 23 P 12: 28

Application to Renew Used Car Dealer License

GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144 License #:

BL15-000022

File #:

15-25

Fee:

550

Review and update the information below. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> 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)
Business/DBA Name: ALEWIFE AUTOMOTIVE Business Location: 395 ALEWIFE BROOK PKWY Business Phone: 617-623-9615	
License Holder: GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Mailing Address: GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Business Type: Corporation ELIAS MIKHAEL GEORGE MIKHAEL ELIAS MIKHAEL	
FID: 043564703	
Emergency Contact: GEORGE MIKHAEL Phone: 617-372-0648	
# of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: # Proposed Hours of Operation if operating outside standard hours: Mon-Fri 8AM-6PM, Sat 8AM-2PM, Sun Closed.	5

Description of Location and/or Other Con			/y.
I hereby certify under the penalties of perjury	that the following is tru	ue:	
-All information shown above is true and acc	curate.		
-Any changes above are subject to the appro-		ALDERMEN.	
-I have filed all State tax returns and paid all	State taxes required by	y law for this business.	
Simple of the little	w/	12.18.15	
Signature:	Date:	10.10	
	100	1 = 210 0640	
Printed Name: 210198	MIKNEE Phone:	617-312-0648	



PO Box 5077 Sioux Falls SD 57117-5077

1-800-331-6053 Fax 1-605-335-0357 www.cnasurety.com

Email: <u>uwservices@cnasurety.com</u>

October 14, 2015

Agent Code: 20 18386

City of Somerville 93 Highland Avenue Somerville, MA 02143

Re:

Bond #70354227 - Ge & M Auto Services, Inc.

395 Alewife B. Pkwy

Somerville, MA 02176

\$25,000.00 - Second Hand Motor Vehicle Dealer Company Code: 601 - Western Surety Company

On August 26, 2015, we sent you a letter of cancellation for this bond.

We now wish to rescind our initial letter. This bond is to remain in full force and effect with no lapse in coverage. We will continue as surety on this bond.

We are sorry for any inconvenience this may have caused you.

Sincerely,

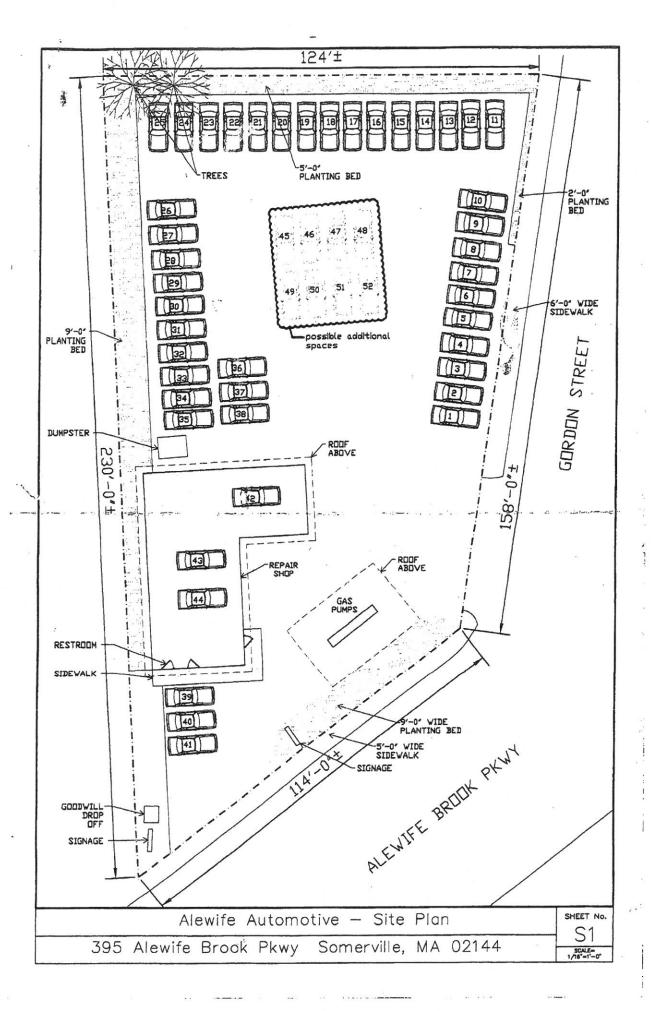
Jean R. Johnson

**Underwriting Consultant** 

cc:

Colburn Group, L L C

Ge & M Auto Services, Inc.





## City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING							
Exact name of taxpayer/applicant's business: <u>GE3M Ando Sovice Inc. DRA</u> Autom  Address of taxpayer/applicant's business in Somerville: 395 Alemife Brock Parlarry							
Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Parkway							
Address of taxpayer/applic	eant's home in Somervill	le: 143 North s	+.				
Taxpayer/applicant's phon	e: day: <u>617-623</u>	961 Evening: 617	-372-0648				
hereby certify that all the due the City have been pa and fees and is current on	information contained h id or that the Taxpayer said agreement.	the undersigned erein is true and correct and has entered into an agreemer	all taxes and fees  nt to pay all taxes				
SIGNED UNDER THE F	PAINS AND PENALTI	IES OF PERJURY, this	day of				
December	, 20_15	(Taxpayer's signatur					
		(Taxpayer's signatu	re)				
	CITY'S ACKNOW	LEDGEMENT					
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POSTINGS THROUGH	:				
TAXES AND ACCOUNT	Γ NUMBER(S) INCLU	DED IN CERTIFICATE:					
☐ Real Estate	□ Water/Sewer	☐ Personal Property	☐ Other:				
# 337	#346054001	#	#				
NOTES:							
CLERK'S INITIALS:	82	ORIGINAL STAMP:	5 23 15				

## The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

## Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:				C	
Name: GE3 M	Anto Spirice	Inc.	DBA	Alevile	Automotive
Address: 395 14	lewife Broom	K Park	~44		
Address: 395 A	e State: VI	Ma. Zip: 0	02144 1	Phone #: 61	7-623-961
I am an employer with(full and/or part time).  I am a sole proprietor or p employees.  We are a corporation that exemption per c152 s1(4),  We are a nonprofit organiz volunteers and have no em	artnership and have no has exercised our right of , and have no employees. zation staffed by	Res Off Non Ent Ma	staurant/Bar fice and/or S nprofit ertainment nufacturing	Eating Establis ales (real estate	
Workers' compensation insu					
Insurance Company Name:	Mass. Rut		erchan	+ Inc.	w.C.
Address: P.O. 13	OF 859222	-9222		The second section of the sect	
City: Braintel	State:	74. Zip: 6	01285 P	hone #:	
Policy#: 01400503	2305 117		E	Expiration Date:	11,117
Applicant certification:					
Failure to secure coverage as penalties of a fine up to \$1,50 WORK ORDER and a fine forwarded to the Office of Inventory	0.00 and/or one years' in of \$100.00 a day agains	nprisonment as st me. I under	s well as civerstand that	il penalties in the	ne form of a STOP
I do hereby certify under the p	ains and penalties of perju	ary that the infe	ormation pro	ovided above is	true and correct.
Signature: Eur	ME			Date: 13	1-18-15
Print Name:	Elius	minhae			
	ly. Do not write in this ar				
City or Town:		cense #:		☐ Buit ☐ City ☐ Lice ☐ Sele	rd of Health Iding Department Town Clerk Insing Board Institute of the control of
	office and a second second	11 (10 to 10	1 . 1877		

(revised Jan. 2008)