



**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**

CITY CLERK'S OFFICE  
 SOMERVILLE, MA  
**License #:** BL15-000022  
**File #:** 15-25  
**Fee:** 550

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> ALEWIFE AUTOMOTIVE <b>Business Location:</b> 395 ALEWIFE BROOK PKWY <b>Business Phone:</b> 617-623-9615	
<b>License Holder:</b> GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
<b>Mailing Address:</b> GE & M AUTO SERVICE INC. 395 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
<b>Business Type:</b> Corporation ELIAS MIKHAEL GEORGE MIKHAEL ELIAS MIKHAEL	
<b>FID:</b> 043564703	
<b>Emergency Contact:</b> GEORGE MIKHAEL <b>Phone:</b> 617-372-0648	
<b>Dealership Class:</b> Class 2 <b># of Vehicles Kept Inside:</b> 0 <b># of Vehicles Kept Outside:</b> 1 <b>Proposed Hours of Operation if operating outside standard hours:</b> Mon-Fri 8AM-6PM, Sat 8AM-2PM, Sun Closed.	5

**Description of Location and/or Other Conditions:** NO vehicles are to be sold at 395 Alewife Brook Pkwy.

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.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *George Mikhael* Date: 12.18.15

Printed Name: George Mikhael Phone: 617-372-0648

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.

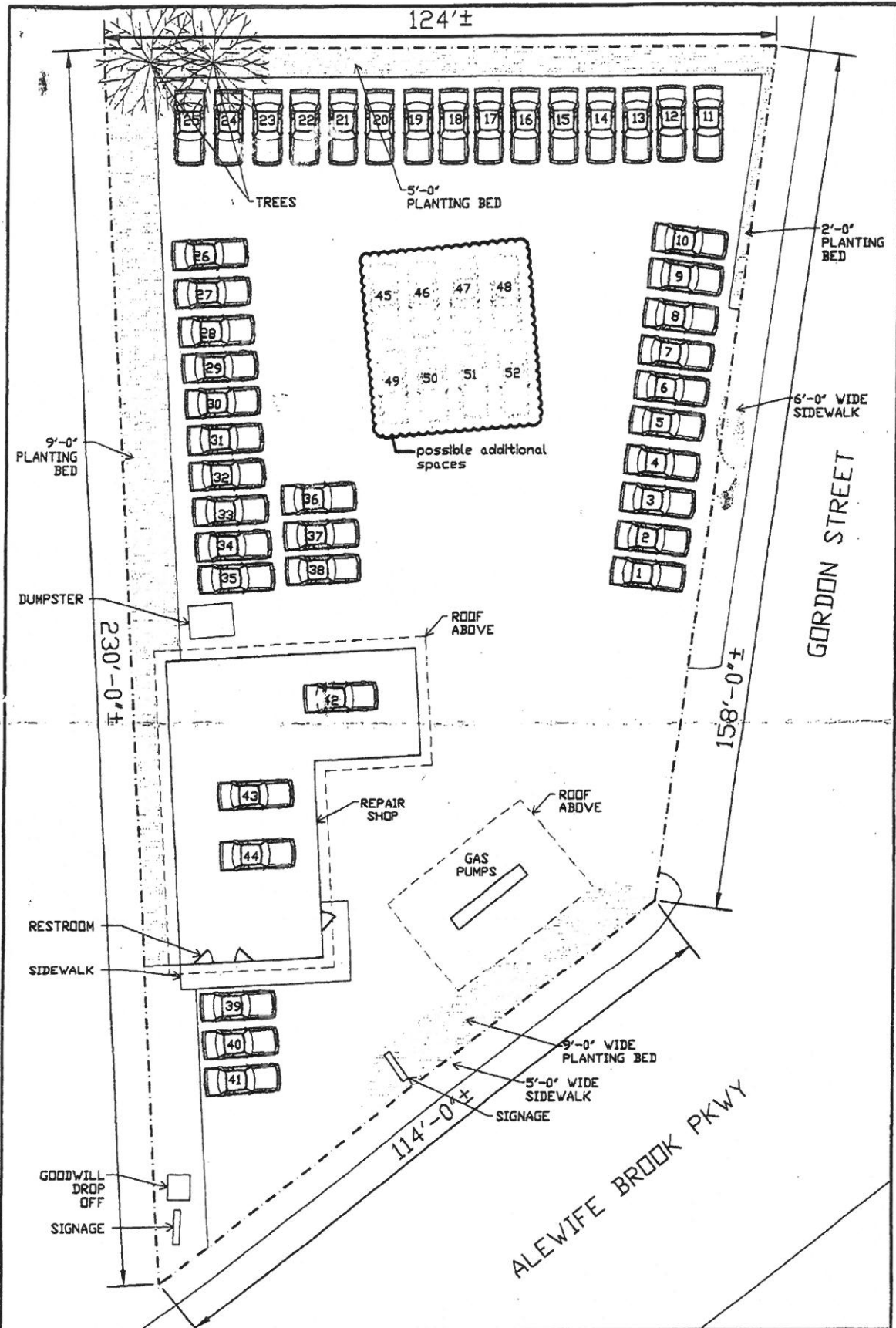
Sincerely,



Jean R. Johnson  
Underwriting Consultant

cc: Colburn Group, L L C  
Ge & M Auto Services, Inc.

**COPY**



Alewife Automotive - Site Plan

395 Alewife Brook Pkwy Somerville, MA 02144

SHEET No.

S1

SCALE = 1/16" = 1'-0"



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: CE3M Auto Service Inc. DBA Alewife Automotive  
Address of taxpayer/applicant's business in Somerville: 395 Alewife Brook Parkway  
Address of taxpayer/applicant's home in Somerville: 143 North st.  
Taxpayer/applicant's phone: day: 617-623-9615 evening: 617-372-0648

I, (print name) Elias Michael, 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<sup>th</sup> day of December, 2015.  
[Signature]  
(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: \_\_\_\_\_

# 337      # 346054001      # 11      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: received 12-23-15



**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:**

Name: GE 3 M Auto Service Inc. DBA Alewife Automotive  
 Address: 395 Alewife Brook Parkway  
 City: Somerville State: Ma. Zip: 02144 Phone #: 617-623-9615

- I am an employer with 6 employees (full and/or part time). **Business Type:**
- Retail
  - Restaurant/Bar/Eating Establishment
  - Office and/or Sales (real estate, auto, etc.)
  - Nonprofit
  - Entertainment
  - Manufacturing
  - Health Care
  - Other Auto Repair & Gas station
- I am a sole proprietor or partnership and have no employees.
- We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- We are a nonprofit organization staffed by volunteers and have no employees.

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

Insurance Company Name: Mass. Retail Merchant Inc. W.C.  
 Address: P.O. Box 059222-9222  
 City: Braintree State: ma. Zip: 01285 Phone #:  
 Policy #: 014005032305117 Expiration Date: 11/1/7

**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: Elias Date: 12-18-15  
 Print Name: Elias Minhuel

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_