GARAGE LICENSE APPLICATION

Nonrefundable Application Fee $550.00 2015 AUG 12 A 10:05

Date 08/04/15 CITY CLERK'S OFFICE SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	8/12/15
Amount Paid	#550 + #75

[X] New Application

[ ] Renewing Application with Additions or Changes

[ ] Renewing Application with NO Additions or Changes

For the storage of 4 ***vehicles inside***

0 ***vehicles outside***

Business (DBA) Name: REAL AUTO SHOP INC. Phone: 617-764-3802

Business Address (in Somerville): 463 MC GRATH HWY

Applicant's Federal Employer Identification Number: 20-8523038

Applicant's Legal Name: JOAO BATISTA SILVA PINTO

Mailing Name (who we should send correspondence to): 463 MCGRATH HWY

Mailing Address (with Zip Code): 02143

Emergency Contact: JOAO PINTO 617-935-9900 Phone: 617-764-3803

Type of Business (Check Only One and Provide the Names Indicated):

[ ] **Sole Proprietor**: Name of Owner:

[ ] **Partnership (inc. LLP)**: Name of Partnership:

Names of All Partners Who Own More Than 10%:

[ ] **Trust**: Name of Trust:

Names of All Trustees Who Own More Than 10%:

[X] **Corporation**: Name of Corporation: REAL AUTO SHOP INC.

Name of President: JOAO B. PINTO

Name of Secretary: JOAO B. PINTO Name of Treasurer: JOAO B. PINTO

[ ] **LLC**: Name of LLC:

Names of All Managers Who Own More Than 10%:

[ ] **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: REAL AUTO SHOP INC.

1.	Will you be open to the public at this location?	Y X N __
2.	Will you be doing mechanical repairs of vehicles at this location?	Y X N __
3.	Will you be doing autobody work on vehicles at this location?	Y __ N X
4.	Will you be spray painting vehicles or parts at this location?	Y __ N X
5.	Will you be washing vehicles at this location?	Y X N __
6.	Will you be charging money to park vehicles at this location?	Y __ N X
7.	Will you be storing registered vehicles at this location?	Y X N __
8.	Will you be storing unregistered vehicles at this location?	Y X N __
9.	Will you be operating a tow vehicle at this location?	Y __ N X

Have you ever obtained a garage license before? Y __ N X

If yes, list year, city and state _____

Have you ever been denied a garage license? Y __ N X

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended? Y __ N X

If yes, list year, city and state _____

I request permission to store 4 vehicles inside the building, and 0 vehicles on the parking lot.

Attach a scaled site plan drawing of your property, showing exactly where you will store each of the vehicles you wish to park on the premises. Include a plan for both the inside of the building and the outside parking lot. Include the dimensions for each space.

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

I WILL LIKE TO REQUEST A OPERATION TIME MONDAY - FRIDAY 9 AM TO 7 PM, SATURDAY 10:00 AM TO 3:00 PM

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. 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 Applicant:_____ Date 08/04/15

Business Name: LEAL AUTO SHOP INC.

Business Address: 463 MC GRATH HWY

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a BB Zone.

V The use is permitted as of right

_____ The use requires a special permit

_____ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: _____ inside

_____ outside

Signature:_____ Date:_____

Print Name:_____ Title:_____

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

_____ A 148 sec. 13 License is required

X A 148 sec. 13 License is NOT required

Signature: Robert McLaughlin/JTL Date: 8/11/15

Print Name: ROBERT MC LAUGHLIN /JTL Title: LIEUTENANT, FIRE PREVENTION

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: REAL AUTO SHOP

Address of taxpayer/applicant's business in Somerville: 463 MCGRATH HWY

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) JOAO BATISTA SILVA PINTO, 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: ___
# 9987	~~#18089001~~ 146043001	#	#

NOTES:

CLERK'S INITIALS: VB **ORIGINAL STAMP:**

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

CBarros
8-12-15

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: REAL AUTO SHOP, INC

Address: 463 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-935-9900

☐ I am an employer with _____ employees (full and/or part time).
☒ 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.

Business Type:
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

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: 06-12-2015

Print Name: JOAO BATISTA SILVA PINTO

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 #:* _____

(revised Jan. 2008)

William Francis Galvin
Secretary of the Commonwealth of Massachusetts

Corporations Division

Business Entity Summary

ID Number: 000945638

Request certificate | New search

Summary for: REAL AUTO SHOP, INC.

The exact name of the Domestic Profit Corporation: REAL AUTO SHOP, INC.	
Entity type: Domestic Profit Corporation	
Identification Number: 000945638	
Date of Organization in Massachusetts: 02-28-2007	
	Last date certain:
Current Fiscal Month/Day: 12/31	**Previous Fiscal Month/Day:** 12/31

The location of the Principal Office:

Address: 463 MCGRATH HWY

City or town, State, Zip code, Country: SOMERVILLE, MA 02143 USA

The name and address of the Registered Agent:

Name: JOAO B. PINTO

Address: 463 MCGRATH HWY

City or town, State, Zip code, Country: SOMERVILLE, MA 02143 USA

The Officers and Directors of the Corporation:

Title	Individual Name	Address
PRESIDENT	JOAO B PINTO	59 GREENWOOD STREET APT 02 MELROSE, MA 02176 USA
TREASURER	JOAO B PINTO	59 GREENWOOD STREET APT 02 MELROSE, MA 02176 USA
SECRETARY	JOAO B PINTO	59 GREENWOOD STREET APT 02 MELROSE, MA 02176 USA
DIRECTOR	JOAO B PINTO	59 GREENWOOD STREET APT 02 MELROSE, MA 02176 USA

Business entity stock is publicly traded:

The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue: