GARAGE LICENSE APPLICATION

Nonrefundable Application Fee \$550.00 \(\Delta \) 0: 05 FOR CITY CLERK'S OFFICE ONLY
Date 08/04/15 CITY CLERK'S OFFICE Amount Paid ASSO + 15
New Application Renewing Application with Additions or Changes Renewing Application with NO Additions or Changes Renewing Application with NO Additions or Changes
Business (DBA) Name: REAL AUTO SHOP INC. Phone: 617-764-380-2 Business Address (in Somerville): 463 MC GRATH HWY Applicant's Federal Employer Identification Number: 20-8523038 Applicant's Legal Name: 5040 BATISTA SILVA PINTO Mailing Name (who we should send correspondence to): 463 MCGRATH HWY Mailing Address (with Zip Code): 02143 Emergency Contact: 5040 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:
Name of President: SOAO B. PINTO Name of Secretary: SOAO 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)

 Will you be doing mechanical repairs of vehicles at this location? Will you be doing autobody work on vehicles at this location? Will you be spray painting vehicles or parts at this location? Will you be washing vehicles at this location? Will you be charging money to park vehicles at this location? Will you be storing registered vehicles at this location? Will you be storing unregistered vehicles at this location? Will you be storing unregistered vehicles at this location? Will you be storing unregistered vehicles at this location? Will you be storing unregistered vehicles at this location? Y N 		Will you be open to the public at this location?	Y <u>X</u> N
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Will you be washing vehicles at this location? Will you be charging money to park vehicles at this location? Will you be storing registered vehicles at this location? Will you be storing unregistered vehicles at this location? Will you be storing unregistered vehicles at this location? Will you be operating a tow vehicle at this location? Will you be operating a tow vehicle at this location? Y_N_ Have you ever obtained a garage license before? If yes, list year, city and state Have you ever had a garage license revoked or suspended? If yes, list year, city and state Have you ever had a garage license revoked or suspended? If yes, list year, city and state I request permission to store vehicles inside the building, and 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	١.		Y - N X
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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: [WILL LIKE TO REQUEST A OPERATION TIME MONDAY - FRIDAY	vehi	cles you wish to park on the premises. Include a plan for both the histocol th	e building and the
I WILL LIKE TO REQUEST A OPERATION TIME MUNICHY-FRIME	The PM,	hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Sa and Sunday, Closed. If you require different hours of operation, list them as	nturday, 8 AM to 2 and explain:
- 10:00 AM TO 2:00 PM	I	WILL LIKE TO REDWEST A OPERATION TIME M	ONDAY-FRIM

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.

and paid an state taxes required to
Signature of Applicant: Date
Business Name: LEAL AUTO SHOP INC. Business Address: 463 Mc GRATH HWY
Business Address: 463 Mc GRATH HWY
INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:
The building located at the premises mentioned above is in a
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.)
in ide
Maximum number of motor vehicles to be kept on the premises:
Maximum number of motor vehicles to be kept on the premises: inside outside
Signature: Date:outside
outside Date:
Signature: Date:outside
Signature: Date: Print Name: Title: FIRE PREVENTION BUREAU RECOMMENDATION
Signature:
Signature: Date: Print Name: Title: FIRE PREVENTION BUREAU RECOMMENDATION
Signature:
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
Signature:



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

evening: evening: evening: true and correct and a into an agreement to p	rsigned Taxpayer, d	o hereby
evening: evening: Practice and correct and a	rsigned Taxpayer, d	o hereby
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s true and correct and a	II taxes and fees due	the City
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(Taxpayer	's signature)	
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OMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS & (617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • Fax: (617) 666-9682 www.somervillema.gov (Barau) -

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 SHE	op, ING	<u> </u>	(i)	
Address: 463 MCGQATH	HWY		4.2.545	
City: SOMERVILLE S	State: 177A	Zip: 02/4)	9 Phone #: 617-936-	4900
☐ I am an employer with employees (full and/or part time). ☑ I am a sole proprietor or partnership and hemployees. ☐ We are a corporation that has exercised ou exemption per c152 s1(4), and have no em We are a nonprofit organization staffed by volunteers and have no employees.	ave no r right of nployees.	Office and/or Nonprofit Entertainmen Manufacturin Health Care		
Workers' compensation insurance informa	tion (if applical	ole):		
Insurance Company Name:			12.	
Address:				
City: S	State:	Zip:	Phone #:	
Policy #:			Expiration Date:	
Applicant certification:	14-1			
Failure to secure coverage as required under Se a fine up to \$1,500.00 and/or one years' impris and a fine of \$100.00 a day against me. I und Investigations of the DIA for coverage verific	erstand that a coation.	py of this stateme	ent may be forwarded to the O	ffice of
I do hereby certify under the pains and penalti	ies of perjury tha	at the information	provided above is true and cor	rect.
Signature: Juli July /	nto		Date: 08-12-08	215
Print Name: JOAO BATISTA	SILVA	Piwio		
Official use only. Do not write	e in this area. To	be completed by	city or town official.	21
City or Town:	Permit/License	#:	Board of Health Building Depart City/Town Cler Licensing Boar	tment \$ k d
Contact Person:	Phone #:		Selectmen's Of	rice
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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,

SOMERVILLE, MA 02143 USA

Country:

The name and address of the Registered Agent:

Name: JOAO B, PINTO

Address: 463 MCGRATH HWY

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

Country:

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: