



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR 31 P 2:15

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Garage License

SOMERVILLE AUTO CENTER, INC.
193 SOMERVILLE AV
SOMERVILLE MA 02143

License #: BL15-000751
File #: 15-634
Fee: 605

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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: SOMERVILLE AUTO CENTER, INC. ✓	
Business Location: 193 SOMERVILLE AVE ✓	
Business Phone: 617-625-7400	
License Holder: SOMERVILLE AUTO CENTER, INC. ✓ 193 SOMERVILLE AV SOMERVILLE MA 02143	
Mailing Address: SOMERVILLE AUTO CENTER, INC. ✓ 193 SOMERVILLE AV SOMERVILLE MA 02143	
Business Type: Corporation ✓ STANLEY DAVITORIA STANLEY DAVITORIA STANLEY DAVITORIA	
FID: 043583509	
Emergency Contact: STANLEY DAVITORIA ✓ Phone: 617-625-7400	- 617 839 2542 cell
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 16 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? No Autobody work? Yes Spray Painting? Yes Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 193 Somerville Ave AND/OR

TAXPAYER'S HOME ADDRESS: 135 Mountain Ave, Malden, MA 02148

TAXPAYER/APPLICANT PHONE: DAY: 617 625 7400 EVENING: 617 838 2542

BUSINESS NAME: Somerville Auto Center Inc

BUSINESS ID NUMBER: 04-358-3509 BUSINESS PHONE: 617 625 7400

I (print name) Stanley K. Davitoria, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 31 day of March,

20 16. [Signature] (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID **WATER/SEWER ID **PERSONAL PROPERTY **OTHER

13955 120025021 1041 _____

NOTES:

CLERKS INITIALS: VB

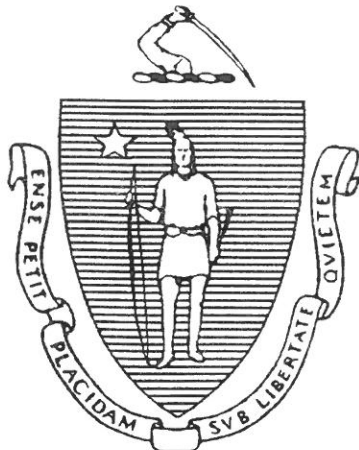
BUSINESS or BUILDING
PERMIT

ORIGINAL STAMP



Received
Barrows
3-31-16

NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS 1 Congress Street, Suite 100, Boston, Massachusetts 02114 – 2017 617-727-4900 – <http://www.state.ma.us/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

THE TRAVELERS INSURANCE COMPANIES

NAME OF INSURANCE COMPANY

P.O. BOX 1450

MIDDLEBORO, MA 02344-1450

ADDRESS OF INSURANCE COMPANY

(IEUB-8A96394-3-15)

11-13-15 TO 11-13-16

POLICY NUMBER

EFFECTIVE DATES

AMAZONIA INS AGENCY INC

66 BOW ST

SOMERVILLE

MA 02143

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

SOMERVILLE AUTO CENTER INC

193 SOMERVILLE AVE

SOMERVILLE

MA 02143

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER