



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW GARAGE LICENSE

**COUNTY AUTO REPAIR, INC.
103 WASHINGTON ST.
SOMERVILLE, MA 02143**

License #: **1054**
City #232
Fee: **550.00**
Account ID: **828**
Reference #: **1054**

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: For COUNTY AUTO REPAIR, INC. Business Location: 103 WASHINGTON ST Business Phone: 617-628-3600	
License Holder: COUNTY AUTO REPAIR, INC. 103 WASHINGTON ST. SOMERVILLE, MA 02143 617-628-3600	
Mailing Address: COUNTY AUTO REPAIR, INC. SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ANTONIO MARTINS SECRETARY - ANTONIO MARTINS	
FID: 202704235	
Food Manager/Emergency Contact: ANTONIO MARTINS 617-440-5646	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 9AM-5PM, SA 8AM-12PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 4 VEHICLES
- 4 VEHICLES INSIDE

Description of Location and/or Other Conditions:

No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: Antonio Martins / Renato Martins Date: 4/26/13
Print Name: Antonio MARTINS Phone: 617-628-3600



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Antonio Martinez

address: 103 Washington St

city Somerville state: MA zip: 02143 phone # 617-628-3600

work site location (full address): 103 Washington St, Somerville MA 02143

- ☒ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ I am an employer with _____ employees (full & part time). ☐ Other _____
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

- ☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheet if necessary

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 Antonio Martinez Date 4/26/13

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ ☐ Building Department

☐ check if immediate response is required

- ☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____

contact person: _____ phone #: _____
(revised Sept. 2003)



Bankrupt
12811
case

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: County auto Repair

Address of taxpayer/applicant's business in Somerville: 103 Washington St

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

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

I, (print name) Antonio Martins, 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: _____

_____ # 109111001 # 1286 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB
4-26-13