



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

Application to Renew Garage License

MAC'S AUTO BODY CORP.
53 RUSSELL ST
SOMERVILLE MA 02144

License #: BL15-000748
File #: 15-631
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: MAC'S AUTO BODY CORP. Business Location: 53 RUSSELL ST Business Phone: 617-776-1166 | |
| License Holder: MAC'S AUTO BODY CORP. 53 RUSSELL ST SOMERVILLE MA 02144 | |
| Mailing Address: MAC'S AUTO BODY CORP. 53 RUSSELL ST SOMERVILLE MA 02144 | |
| Business Type: Corporation SALVATORE AGLIATA DAVID MEDEIROS DAVID MEDEIROS | |
| FID: 454590544 | |
| Emergency Contact: DAVID MEDEIROS Phone: 781-391-4591 | |
| Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 10 # of Vehicles Kept Outside: 8 Open to the public? Yes Mechanical repairs? Yes Autobody work? Yes Spray Painting? Yes Washing vehicles? No Charging money to store vehicles? Yes 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.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Macs Auto Body Corp
Address of taxpayer/applicant's business in Somerville: 53 Russell St Somerville 02144
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 617-776-1166 evening: 781 391 4591

I, (print name) David Medeiros, 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 12th day of April, 2016. David Medeiros
(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: _____

13548 # 321046001 # 963 # ✓

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:



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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: macs Auto Body Corp
Address: 53 Russell St
City: somerville State: MA Zip: 02144 Phone #: 617-776-1166

- ☒ I am an employer with 9 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: Travelers
Address: 30 sw Park
City: Westwood State: MA Zip: 02090 Phone #: 800-252-2268
Policy #: 4B899865 Expiration Date: 5/08/16

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: David C Medeiros Date: 4/12/16
Print Name: David C Medeiros

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____