



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

APPLICATION TO RENEW OUTDOOR PARKING LICENSE

SOUHAIL BERBARA
SIMON'S AUTO SERVICE
565 PLEASANT ST
NORWOOD, MA 02062

License #: **855**

Fee: **40.00**

Account ID: **477**

Reference #: **855**

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: SIMON'S AUTO SERVICE Business Location: 166 BOSTON AVE Business Phone: 617-628-8383	
License Holder: SOUHAIL BERBARA SIMON'S AUTO SERVICE 565 PLEASANT ST NORWOOD, MA 02062 617-628-8383	
Mailing Address: SOUHAIL BERBARA SIMON'S AUTO SERVICE 565 PLEASANT ST NORWOOD, MA 02062	
Business Type: SOLE PROPRIETORSHIP OWNER - SOUHAIL BERBARA	
FID: 445105632	
Food Manager/Emergency Contact: SOUHAIL BERBARA 781-888-4203	

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

Hours: **NOT APPLICABLE**

2 SPACES

Description of Location and/or Other Conditions:

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:  Date 3-31-14

Print Name: SOUHAIL BERBARA Phone 781-2884203



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: SIMON'S AUTO SERVICE

Address of taxpayer/applicant's business in Somerville: 166 BOSTON AVE

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

Taxpayer/applicant's phone: day: 617 628 2383 evening: 781-888 4203

I, (print name) SOUHAIL BERBARA, 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 31 day of
MARCH, 20 14.


(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: _____

1695 # N/A # 57 # _____

NOTES:

CLERK'S INITIALS: J

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: SIMON'S AUTO SERVICE
Address: 166 BOSTON AVE
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 628 8383

☐ 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: AIM MUTUAL INSURANCE COMPANY
Address: 54 THIRD AVE
City: BURLINGTON State: MA Zip: 01803 Phone #: 800 876 2765
Policy #: AWC-400-7016220-2014 A Expiration Date: 01-06-15

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: 3-31-14

Print Name: SOUHAIL BERBARA

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 _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE

A.I.M. Mutual Insurance Company
54 Third Avenue, Burlington, Massachusetts 01803-0970
(800) 876-2765

NCCI NO 26158

POLICY NO. **AWC-400-7016220-2014A**
PRIOR NO. **AWC7016220012013**

ITEM

1. The Insured: Souhail Barbara
DBA: Simon's Auto Service
Mailing address: 166 Boston Avenue
Somerville, MA 02144

FEIN: **-***5632

Legal Entity Type: Sole Proprietor

Other workplaces not shown above:

2. The policy period is from 01/06/2014 to 01/06/2015 12:01 a.m. standard time at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **MA**
- B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.
- The limits of liability under Part Two are:
- | | | | |
|---------------------------|----|----------------|---------------|
| Bodily Injury by Accident | \$ | <u>100,000</u> | each accident |
| Bodily Injury by Disease | \$ | <u>500,000</u> | policy limit |
| Bodily Injury by Disease | \$ | <u>100,000</u> | each employee |
- C. Other States Insurance: Coverage Replaced by Endorsement WC 20 03 06 A
- D. This Policy includes these Endorsements and Schedules: **SEE SCHEDULE**
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications		Premium Basis	Rates	
	Code No.	Estimated Total Annual Remuneration	Per \$100 Of Remuneration	Estimated Annual Premium
INTRA	322351			
INTER		SEE CLASS CODE SCHEDULE		

Minimum Premium \$265

GOV	GOV
STATE	CLASS
MA	8380

Total Estimated Annual Premium **\$265**
Deposit Premium **\$265**

MA Assessment Chg.
\$.00 x 3.4000% **\$**

This policy, including all endorsements, is hereby countersigned by


Authorized Signature

11/25/2013
Date

Service Office:
54 Third Avenue
Burlington MA 01803

Nicholas A Consoles Insurance Agency Inc
153 Andover Street Suite 208
Danvers, MA 01923

WC 00 00 01 A (7-11)

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